



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
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March 31, 2017

Ms. Michelle Beasley
Project Officer
Consortium for Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

RE: Michigan's Revised Statewide Transition Plan for Home and Community Based Settings

Dear Ms. Beasley:

The Michigan Department of Health and Human Services (MDHHS) is requesting the initial approval of its revised Statewide Transition Plan for Home and Community Based Settings from the Centers of Medicare and Medicaid Services (CMS). MDHHS revised the Statewide Transition Plan (STP) in response to the August 5, 2016 e-mail from the CMS. This revised Plan provides more detail on the following components of the statewide transition process in Michigan:

- Update and changes to systemic assessment
- Addition of settings for §1915(b)(3) services (community living supports, skill building and supported employment)
- Updated table on settings to be assessed
- Updated assessment results for the MI Choice Waiver
- Updated assessment results for the Habilitation Supports Waiver
- Update and changes to milestones and timelines
- Update on stakeholder engagement and outreach strategy
- Summary of public input

The following documents have also been included with the revised STP:

- Responses to the August 5, 2016 e-mail for initial approval
- Public notice
- Public notice – Kalamazoo Gazette Newspaper
- Stakeholder Letter; L- 16-63

Should you have any questions or need additional information, please contact Jacqueline Coleman of my staff by phone at (517) 284-1190 or by e-mail at colemanj@michigan.gov.

Sincerely,

Chris Priest, Director
Medical Services Administration

Enclosures (5)

cc: Patricia J. Helphenstine, Region V, CMS
Mara Siler-Price, Region V, CMS
Eowyn Ford, Region V, CMS
Michele MacKenzie, Central Office, CMS

Lynda Zeller, MDHHS
Erin Emerson, MDHHS
Jacob R. Herrera, MDHHS
Jacqueline Coleman, MDHHS

Michigan's Responses (March 31, 2017)

STATE OF MICHIGAN HCBS SETTINGS RULE STATEWIDE TRANSITION PLAN CMS Feedback (August 2016)

SECTION I: CHANGES REQUIRED TO ACHIEVE INITIAL STP APPROVAL

Public Notice and Comment

Prior to formal submission of the Statewide Transition Plan (STP) to the Centers for Medicare and Medicaid Services (CMS), the state must complete and summarize another 30-day public notice and comment period on the STP. This public notice period is required because the state did not include state standards or policies related to the 1915(b)(3) program in the previous draft. The public notice process requirements include providing a minimum of two statements of public notice and public input procedures (including a non-electronic process), ensuring the entire STP is available for public comment, considering public notice comments and modifying the STP as appropriate, and submitting evidence of public notice and a summary of trends found within the comments. Please clarify the following items regarding Michigan's public notice process.

- Please provide evidence of the public notices documenting how the public was informed of the public comment period, including a non-electronic process.

Please refer to the following documents: [Stakeholder Letter L15-72.pdf](#), Attachment #1 - Public Notice for Newspaper, Attachment #2 - Public Notice in Flint Journal Newspaper, and Attachment #3 - Links to Press Release, and Michigan Department of Health & Human Services (MDHHS) Home and Community-Based Services (HCBS) Transition website

- Please discuss how the state has engaged stakeholders through the Home and Community-Based Services (HCBS) Rules Advisory Group, and confirm whether the state is providing an opportunity through this advisory group for stakeholders to help craft and/or provide feedback to policy guidance in development that will address areas of non-compliance or silence in any existing state standards with the federal HCBS rule.

MDHHS-BHDDA (Behavioral Health and Developmental Disabilities Administration) holds stakeholders meetings with the Implementation Advisory Group (IAG) on a bi-monthly basis. All Michiganders have access to the public comment period for the STP and any Medicaid policy changes, additions, or updates. In addition the IAG has had three opportunities to review and provide feedback on the Joint Guidance document developed by MDHHS and the Department of Licensing and Regulatory Affairs (LARA). The feedback from this group has resulted in language change and updates following each review. MDHHS will continue to utilize this stakeholder group in our ongoing work to implement the HCBS Final Rule across the State of Michigan.

- Please provide additional detail as to the state's plans for continuing to solicit input from its HCBS Implementation Advisory Group, as well as additional state activities related to sharing and disseminating consumer beneficiary information and education around the rule.

As stated above MDHHS has regularly utilized the IAG to review and provide feedback related to our Joint Guidance document. Additionally members of the IAG have formed three sub groups who have undertaken the development of tools to assist providers of services (residential and non-residential service providers and community mental health service providers) in identifying how to provide HCBS compliant services and how to come into compliance if applicable. MDHHS will continue to solicit input from this group as we move forward with the implementation of the HCBS Final Rule.

- Please provide any additional updates on how the state is engaging and leveraging external stakeholders in ongoing activities surrounding the implementation of the federal HCBS settings requirements.

MDHHS-BHDDA has identified a lead individual from each of the ten regional waiver entities. These individuals are integral to the successful implementation of the HCBS Final Rule across the State of Michigan. MDHHS-BHDDA has developed a technical guide as well. This guide is based upon questions that were asked at the IAG meetings. The questions and answers are provided to the IAG and will also be shared as part of a technical assistance package available to the Prepaid Inpatient Health Plan (PIHP) leads, service providers and other interested parties via the MDHHS HCBS Transition web page at http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

MDHHS-BHDDA has presented on the Michigan HCBS Implementation process at the yearly Fall Michigan Association of Community Mental Health Provider Conference, the Spring American Association of Intellectual and Developmental Disabilities conference, and the Provider Alliance workgroup on January of 2017. In addition, MDHHS-BHDDA meets monthly with the PIHPs to review the status of HCBS implementation activities and milestones.

Bi-weekly PIHP HCBS lead meetings are being held to provide HCBS education and develop statewide transition plans.

MI Choice Program has twenty regional Waiver Agencies. These Waiver Agencies are integral to the successful implementation of the federal HCBS Rule across the State of Michigan. MI Choice Program has developed a technical guide for all the Waiver Agencies. This guide is an overview

of the federal HCBS rule and the most common questions MDHHS has received from the waiver agencies. This guide can be found on the [MI Choice Web Page](#).

MI Choice Program has held informational training sessions with the waiver agencies explaining the federal HCBS Rule in greater detail. The federal HCB settings requirements are regularly discussed during the bi-weekly MI Choice waiver agency conference calls. MDHHS sends the waiver agencies updates and clarification as MDHHS receives the information. MDHHS routinely conducts one on one clarification and training to the Waiver Agencies regarding the federal HCB settings requirements as needed. MI Choice staff has discussed the HCB settings requirements during the participant/consumer Quality Management Collaborate and answered questions relating to the federal HCB settings requirements.

- In response to a public comment requesting more consumer outreach and materials, the state responded that the Michigan Department of Health and Human Services (MDHHS) is working to develop additional materials. Please provide the status of these informational resources.

MDHHS-BHDDA has developed and is distributing two written information documents. A one page flyer to acquaint individuals with the HCBS rule and another pamphlet which is geared specifically to HCBS participants. Please refer to the MDHHS HCBS Transition webpage at http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

MI Choice Program has developed and distributed written information documents to the Waiver Agencies. A PowerPoint presentation created and distributed to the Waiver Agencies with a HCBS Final Rule overview and the most common questions and answers. These documents can be found on the [MI Choice Web Page](#). The Waiver Agencies have communicated the HCBS Rule with the participants at the monthly participant meetings. MI Choice Program has and continues to communicate HCBS Rule information during our participant Quality Management Collaborative meetings and during our Steering Committee calls. MI Choice Program has also added HCBS Rule transition plan information regarding our Statewide Transition Plan, MI Choice Transition Plan, the MI Choice Residential and Non-Residential Survey's, Remediation and Ongoing Compliance, the Final Rule, link for CMS Webpage for the Rule, the MI Choice Education Document, link for CMS Advisory on HCBS, the Beneficiary Booklet, and the HCBS Rule Factsheet on the webpage at http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

Waivers and Settings Included in the STP

Each STP must accurately and clearly describe all of the settings in each authority where HCBS are delivered. Please update the STP with the following information.

- CMS e-mailed the state on March 22, 2016 confirming that the federal HCBS rule also applies to all settings under 1915(b)(3) authority, stating, “The settings addressed must include all settings in which home and community-based services are provided under the state’s 1915(b)(3) authority.” CMS noted that it would be inconsistent to permit a 1915(b)(3) service that is home and community-based in nature to be furnished in a setting that does not comport with these regulatory requirements. Thus, CMS requests that the state incorporate settings that are included under this waiver authority into the STP.

The recommended change has been made.

MDHHS-BHDDA has developed a survey tool to begin the process of assessing 1915(b)(3) service providers and participants to determine compliance with the HCBS Final Rule.

- CMS identified the setting ‘Licensed Children’s Foster Care’ under the Habilitation Supports Waiver Program (HSW), which is currently not included in the table of settings. Please add this setting to the table, or otherwise explain why it has not been included.

The recommended change has been made.

- Please provide the following additional information regarding settings under the Children’s Waiver Program (CWP) and the Waiver for Children with Serious Emotional Disturbances (SEDW).
 - CMS is concerned that private family homes and foster family homes may include disability-specific settings. Please provide a definition or describe the characteristics of private family homes and foster family homes to ensure that disability-specific settings (i.e. farmsteads, residential schools, gated disability-specific intentional communities) are not included under this setting type.
 - Please confirm that systemic assessment and validation activities are being performed among the state’s foster family homes to demonstrate compliance with the federal HCBS rule. These are provider-operated or controlled settings and the state cannot presume they automatically comport with the federal HCBS settings requirements.

Private family homes (i.e. a child’s own home) and foster family homes do not include disability specific settings. Per [MCL-722-111](#), Foster family homes and Foster Family Group Homes are private homes.

The “Licensed Children’s Foster Care” under HSW is defined as a “homelike character must be maintained” (Children’s Foster Care Family/Family Group Home Rules) per [MCL-722-111](#) referenced above and are presumed compliant with the federal HCBS rule.

Michigan submitted the HSW amendment and HSW transition plan and was approved on 12/17/14. See Attachment #4 that includes a response to CMS questions on the preliminary assessment – dated 11/24/14.

In the [CMS Letter on STP dated 08072015.pdf](#) from Ralph Lollar to Kathleen Stiffler regarding CMS's review of the STP, CMS agrees that both the Children's Waiver Program (CWP) and Waiver for Children with Serious Emotional Disturbance (SEDW) are in presumed compliance because all children in eligible for those waivers reside either in their own home (i.e. private home) or in a foster home. The eligibility criteria in the CMS approved waiver applications for each of these programs are clear regarding where eligible children live.

Additionally, when the SEDW was amended effective 4/1/15, Michigan was required to submit a home and community based rule transition plan for the SEDW. During the amendment process, CMS had questions about the SEDW transition plan specific to foster care settings. Consequently, a conference call with Michigan staff, Ralph Lollar and Mindy Morrell was held on 1/9/15. During that call, [MCL-722-111](#) was reviewed CMS and agreed that that all licensed foster care in Michigan is provided in a private home. If the licensing regulations change, Michigan will ensure that all children on the SEDW are living in a private home. During the 1/9/15 phone conference, CMS requested that Michigan revise the SEDW transition plan to reflect the fact that Foster Family homes, per licensing rules, meet the HCBS regulatory requirements. The SEDW transition plan goes on to describe why Foster Family homes meet the requirements. CMS approved the amended plan including the SEDW transition plan on 3/27/15 (see Attachment #5).

Systemic Assessment

In order to provide initial approval of the STP, CMS requests the state complete the following items related to the systemic assessment. To help inform the state's work, we have provided examples of two comprehensive state cross-walks for your review and consideration. Please address the following questions regarding the state's systemic assessment in the STP.

- Within the crosswalk, please clearly outline the following information: the title, code, and web link for each state standard identified; a general description of each policy or state standard and its relevance to the HCBS settings rule; the key aspects of the HCBS settings rule that should be taken into consideration when reviewing the specific policy; and each section of the policy that either aligns with, conflicts with, or is silent as relevant to the requirements in the HCBS settings rule. Additionally, please include a column outlining the steps the state will take to rectify/address each of the gaps or conflicting areas in existing state policy, and a timeline for completing each remediation action.

The recommended changes have been made.

- It does not appear that the state has assessed all applicable state regulations and standards for each setting type. The state should ensure that regulations for each setting type under the state waivers are included in the assessment and categorized as compliant, partially compliant, silent, or non-compliant with respect to the federal requirements.
 - For example, the state claims that waivers with settings that are presumed compliant do not require a review of the applicable state policies, procedures and standards (pg. 8). The state must ensure that the regulations and policies in the CWP and SEDW clearly support the federal requirements, as individuals in private family homes or foster homes are still guaranteed the same legal protections afforded by the rule to other waiver participants regarding privacy, autonomy, choice and full access to the community.

See comments included under “Waivers and Settings” included in STP.

- Several state regulations that have been provided as examples of compliance do not align with the federal requirements. For example, exploratory question 1c, “Does an individual know how he/she can request a roommate change?” relates to the federal requirement, “Individuals sharing units have a choice of roommates in that setting” (pg. 43). The state provided regulations R 400.14301(2)(c), R 400.1407 (2)(c), and R 400.1409(1)(f) to support these statements; however, none of the provided regulations directly uphold the federal requirement. Please provide a remediation plan for this in the systemic assessment. Please also ensure that all state codes are accurately assessed and any areas of silence, partial compliance, or non-compliance with respect to the federal requirements are noted and remediated.

The recommended changes have been done

Systemic Remediation

Please provide a remediation plan for bringing any conflicting or silent codes into compliance with the federal requirements. Based on a review of state codes and provider contracts following the guidance provided above, the state will need to clarify how codes, policies, contracts, and other state standards will be brought into full compliance for each setting. These actions should have associated milestones that include corresponding timeframes. Please also include the following information in the STP.

- Please provide detailed language explaining how the state will remediate each instance of non-compliance and silence with regard to the federal requirements in the state’s systemic assessment. CMS reminds the state that it can utilize a plethora of strategies to remediate issues of non-compliance or silence, including but not limited to, changes in the state’s administrative rule, the

issuance of additional policy changes in key policy documents to the field (such as policy communications, provider manuals, licensing agreements, etc.), and/or the development of sub-regulatory guidance.

The recommended changes have been done.

- For example, the state has indicated that the MI Choice managed care contracts and Medicaid Provider Manual are silent with regard to the federal requirements (pg. 9). Please provide the language that will be used in these documents to ensure compliance with the federal requirements in the STP.

Here is the language that will be used in the contract to ensure compliance with the federal requirements: “Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR 441.301(c)(4). Direct service providers with subcontracts secured prior to March 17, 2014 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency’s provider network after March 17, 2014 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.”

The Michigan Medicaid Provider Manual is in the process of being promulgated.

- While it is presumed that any changes to bring existing state standards into compliance will also be included in any future waiver amendments, the inclusion of such changes solely in a waiver application is not sufficient. The language must be included in an actual state standard beyond the waiver document (which is technically an agreement directly between the state’s Medicaid agency and CMS).

The Michigan Medicaid Provider Manual is in the process of being promulgated. LARA is in the process of revising policy to comport with HCB requirements. Contracts have been amended to incorporate the HCB requirements. Below are the links to the PIHP and MI Choice Waiver Agencies contracts:

[PIHP 2017 Contract.pdf](#)

[M Choice Contract: https://egram-mi.com/dch/User/home.aspx](https://egram-mi.com/dch/User/home.aspx)

[Click on "Medicaid/Care for the Elderly"](#)
[Click on "MED-2017"](#)
[Click on "show"](#)

- CMS has concerns about the MDHHS and Department of Licensing and Regulatory Affairs agreement and the draft Residential Care Agreement with respect to effectively addressing compliance issues related to housing and tenancy agreements within the context of the federal HCBS rule. During its last public comment period, stakeholders voiced concerns regarding the need to develop a new residential care agreement that enforces the rights of tenancy, incorporates the idea that the setting is now the participant's home, acknowledges participants as fellow citizens rather than infantilizing them, and provides the rights enjoyed by the broader community. Please provide additional information on the steps the state is taking to rectify ongoing concerns with the draft Residential Care Agreement.

The draft Joint Guidance document and Supplemental Residential Care Agreement have been revised. MDHHS sought input on the documents from the IAG. These documents can be viewed on the MDHHS HCBS Program Transition web page at http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html.

SECTION II: CHANGES REQUIRED TO RECEIVE FINAL STP APPROVAL

Site-Specific Assessments

Simultaneous with completing the systemic assessment, it is imperative the state continue to develop and begin implementation of its site-specific assessment process. CMS requests that the state provide the following information regarding the site-specific assessment process in the STP.

- ***Assessment & Validation Results of MI Choice Waiver Settings:*** CMS appreciates the multi-faceted, comprehensive approach the state of Michigan took to conduct initial assessment and validation activities with respect to settings in its MI Choice Waiver program. Please address the following issues in the STP with respect to how the state will continue to proceed in evaluating the results of these activities, and use this data to inform ongoing assessment, validation, and remediation activities.
 - Given the discrepancies identified between the provider self-assessment results and the validation findings of HSW settings from Wayne State University's Developmental Disability Institute (DDI), CMS is interested if the state intends to extend this methodology to the evaluation of MI Choice waiver settings. Specifically, CMS is concerned that the state may encounter conflicts of interest by relying on the MI Choice Waiver Agents and case manager assessments alone for validation. The state must oversee the managed care entities' validation of the provider self-assessments. Please update the STP with how the state intends to accomplish this.
 - Please also provide additional details about the state's plan for training, preparing, and managing waiver agencies to conduct assessments, primarily through on-site assessments for Assisted Living, Adult foster care, Homes for the Aged, Independent Retirement apartments, and Adult Day Care sites.
- ***Children's Waiver Program and Waiver for Children with Serious Emotional Disturbances:*** The state indicates that it has assessed settings under the CWP and the SEDW and has determined that foster family homes meet the federal requirement due to the strict licensing rules for the homes. The state cannot determine compliance based on regulations alone. Please explain how the state will assess and validate these settings.
- ***Habilitation Supports Waiver:*** The state is using the DDI participant survey to validate the provider assessment survey with respect to settings under the HSW. The initial statewide survey will be conducted by DDI, but eventually transferred to the Prepaid Inpatient Health Plans (PIHPs), presumably using the DDI tool (pgs. 12, 18, and 56). CMS requests the state to provide additional information as to who is aiding beneficiaries in the completion of the DDI participant

surveys, and verify that these surveys were not completed solely by case managers without the direct involvement of participants.

- ***Individual, Private Homes:*** The state may make the presumption that privately owned or rented homes and apartments of people living with family members, friends, or roommates meet the HCBS settings requirements if they are integrated in typical community neighborhoods where people who do not receive HCBS also reside. A state will generally not be required to verify this presumption, but does need to include details within the STP as to how the state will monitor these settings to assure ongoing compliance with the rule in the future. Additionally, as with all settings, if the setting in question meets any of the scenarios in which there is a presumption of being institutional in nature and the state determines that presumption is overcome, the state should submit to CMS necessary information for CMS to conduct a heightened scrutiny review to determine if the setting overcomes that presumption. In the context of private residences, this is most likely to involve a determination of whether a setting is isolating to individuals receiving HCBS (for example, a setting purchased by a group of families solely for their family members with disabilities using HCBS services).
- ***Foster Family Homes:*** Please confirm that site assessment and validation activities are being performed among the state's foster family homes to demonstrate compliance with the federal HCBS rule. These are provider-operated or controlled settings and the state cannot presume they automatically comport with the federal HCBS settings requirements.
- ***Non-Disability Specific Settings:*** The STP currently lacks details about what steps the state is taking to build capacity among providers to increase access to non-disability specific setting options across home and community-based services. Please provide additional clarity on the manner in which the state will ensure that beneficiaries have access to services in non-disability specific settings among their service options for both residential and non-residential services.
- ***Group Settings:*** As a reminder, all settings that group or cluster individuals for the purposes of receiving HCB services must be assessed by the state for compliance with the rule. This includes all group residential and non-residential settings, including but not limited to prevocational services, group supported employment and group day habilitation activities.
- ***Training of Personnel involved in Site-Specific Assessment & Validation Processes:*** Please provide more detail on how all staff from external entities and within state operating entities involved in the site-specific assessment and validation processes were trained on the federal HCBS rule so that they had the knowledge, skills and abilities to successfully complete the

assessments and validations. Also, please include details about any steps the state is taking to assure ongoing quality improvement checks in these processes.

- ***Reverse Integration Strategies:*** CMS requests additional detail from the state as to how it will assure that non-residential settings comply with the various requirements of the HCBS rule, particularly around integration of HCBS beneficiaries to the broader community. As CMS has previously noted, states cannot comply with the rule simply by bringing individuals without disabilities from the community into a setting. Compliance requires a plan to integrate beneficiaries into the broader community. Reverse integration, or a model of intentionally inviting individuals not receiving HCBS into a facility-based setting to participate in activities with HCBS beneficiaries in the facility-based setting is not considered by CMS by itself to be a sufficient strategy for complying with the community integration requirements outlined in the HCBS settings rule. Under the rule, with respect to non-residential settings providing day activities, the setting should ensure that individuals have the opportunity to interact with the broader community of non-HCBS recipients and provide opportunities to participate in activities that are not solely designed for people with disabilities or HCBS beneficiaries that are aging but rather for the broader community. Settings cannot comply with the community integration requirements of the rule simply by only hiring, recruiting, or inviting individuals, who are not HCBS recipients, into the setting to participate in activities that a non-HCBS individual would normally take part of in a typical community setting. CMS is concerned that the state of Michigan is allowing settings to meet the requirements related to integration and access to the broader community via reverse integration strategies, and requests that the state address this issue within the STP to assure that settings implement other strategies beyond reverse integration to comport with these requirements of the federal HCBS rule.

Site-Specific Remedial Actions

The following additional information regarding site-specific remedial actions is requested. Please include this information in the STP.

- Due to the independent evaluation of the sample of HSW settings that have been assessed, the state has identified inconsistencies in data between the provider self-assessment outcomes and the validation data. Please explain the state's strategies for addressing the inconsistencies in the results of the site-specific assessment and validation survey.
- Please clarify why the development of the MI Choice provider monitoring tool will take 3 years. CMS believes the monitoring process should be implemented as soon as providers have been determined compliant or have completed their corrective actions to come into compliance. Please explain why the state is waiting until October 1, 2017 to begin the monitoring process.

- For settings under the MI Choice waiver, compliance will have been determined by March 31, 2016. It is unclear why corrective action plans (CAPs) will not be utilized until October 1, 2016. Please adjust this timeline so CAPs may begin immediately for MI Choice settings or otherwise explain why there is a six month gap.
- Please separate the CAP process and timeframes for the MI Choice and HSW settings, as these waivers have different assessment timelines.
- Please describe the state plan for interpreting the MI Choice assessment results (pg. 63) and how the state will move forward in identifying sites for remediation and heightened scrutiny.
- HSW requires PIHPs to conduct an on-site review after 90 days (pg. 58), but there is no discussion of how the state will ensure remediation plans are implemented appropriately in MI Choice. Please provide additional details regarding how the state will assure and verify completion of remediation activities across all settings. The state should include additional details describing how it will assure that various personnel responsible for case management, service coordination, and assessing/validating settings to assure they are compliant with the federal HCBS rule are being trained on the federal HCBS requirements.
- Please include the state's strategy for implementing quality assurance checks in the process to ensure that verification of setting compliance is conducted consistently throughout the state, particularly given the state's strong reliance on its managed care partners and third-party entities.
- Include information as to how the state is educating providers on any changes in state standards that will require providers to make specific adjustments or modifications systems-wide in order to comply with the federal HCBS rule.

Heightened Scrutiny

As a reminder, the state must clearly lay out its process for identifying settings that are presumed to have the qualities of an institution. These are settings for which the state must submit information for the heightened scrutiny process if the state determines, through its assessments, that these settings do have qualities that are home and community-based in nature and do not have the qualities of an institution. If the state determines it will not submit information, the presumption will stand and the state must describe the process for informing and transitioning the individuals involved. Please only submit those settings under heightened scrutiny that the state believes will overcome any institutional characteristics or isolating qualities and can comply with 100% of the federal HCBS rule.

Settings that should be identified as requiring heightened scrutiny should a state consider them HCBS include:

- Settings located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- Settings in a building on the grounds of, or immediately adjacent to, a public institution;
- Any other setting that has the effect of isolating individuals receiving Medicaid home and community-based services from the broader community of individuals not receiving Medicaid home and community-based services.

At a minimum, the details around the state's heightened scrutiny process should include:

- A description of the processes the state used or will use to identify settings that fall under any of the three prongs of settings presumed to have institutional characteristics.
- Categorization of each specific setting flagged for heightened scrutiny by each of the three prongs (i.e., settings located in a building that is also a publicly or privately operated facility providing inpatient institutional treatment; settings located in a building on the grounds of, or immediately adjacent to, a public institution; and settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS).
- Details regarding how the state will review a setting that falls under one or more of the three prongs to determine whether the setting has the characteristics of a home and community-based setting, has overcome any institutional characteristics, and thus should be moved forward for CMS review under heightened scrutiny (including the steps the state is going to take to develop a robust evidentiary package on each setting).
- Explanation of the training that state or contract personnel assigned to completing the onsite assessments of settings under each of the three prongs will receive so they are adequately prepared to determine whether each setting flagged for potential heightened scrutiny overcomes the institutional presumption. The state must ensure that the onsite assessment process is implemented in a consistent manner across the state with accurate results that reflect each setting's particular features.
- A timeline of milestones and specific dates for implementing a plan for completing the heightened scrutiny process by the state. Please note that CMS suggests the state introduce a staggered application process to CMS that includes presenting settings for heightened scrutiny bundled on a quarterly basis.

CMS requests the state also address the following issues within its current proposed Heightened Scrutiny process:

- Please provide additional background information for the heightened scrutiny processes, including which entities will be evaluating the settings, who will respond to the questions onsite, and what

data will be used to determine the location or isolating characteristics of a setting, including any plans to use geo-locator devices to identify whether settings are on the grounds of an institution.

- In Chart 1, the state does not have a question to determine whether a setting is located on the grounds of, or immediately adjacent to, a public institution (pg. 85). Please add this criterion for heightened scrutiny to the evaluation.
- Tier 4 of the heightened scrutiny flow chart does not currently include a comprehensive evaluation of whether a setting has characteristics that are home and community-based, particularly to identify any settings that would fall under the third prong of “settings that isolate”.
 - The criteria that identify MI Choice residential settings as presumed institutional are based on whether the setting is: 1) diagnosis specific or 2) clustered. This is a small step beyond the two co-location categories, but does not address programmatic issues that might make a setting presumptively institutional under the third prong, such as size, individualized access to the broader community or relative geographic isolation. The clearing questions do not mention autonomy of schedule and integration into the broader community (pg. 85).
 - For example, in Tier 4 of residential settings, the state requires only the following characteristics be shown in order to be excluded from the heightened scrutiny process if a setting is not located near an institution or co-located with other residential settings: at the setting “there are options for using services and supports outside of the residence,” “the individuals can come and go,” “the individual can move inside and outside of the home,” and “there is accessible transportation ... available.” None of these characteristics require a demonstration that beneficiaries have any interaction with the broader community; nor do these criteria speak to the standards laid out in CMS’s guidance on settings that have the effect of isolating. Please address this in the STP.
 - The heightened scrutiny chart, as currently developed, would likely result in excluding settings that isolate individuals due to programmatic features (not part of the screen) from being appropriately flagged as requiring heightened scrutiny review. Larger settings that may be mostly for people with disabilities would also not be flagged. Please address these concerns in the STP.
- On the non-residential side, the only criteria for an “isolating” setting is if it is specific to a particular diagnosis/disability, and the “clearing questions” are based on premises that are inconsistent with the requirements outlined by CMS in previous guidance for heightened scrutiny.
 - The first criterion would seem to allow reverse integration to satisfy the community integration aspect. As long as someone “has contact or can connect with individuals from the community while in the setting” the setting would fall out of the HS process (pg. 85).
 - The second criterion establishes a “peers” comparison that interacting with other setting participants who may not be on Medicaid (but may have HCBS needs) would be enough to shift a setting out of heightened scrutiny.

- Both criteria seem flawed based on prior CMS guidance about reverse integration and the appropriateness of using a mere “peer” comparison for community integration. CMS suggests that the state include questions and criterion based on assessing whether individuals have real choice and options for accessing the broader community.
- Within the most recent draft STP, the state had reviewed 186 settings, and found 15 presumed institutional settings and 90 settings that need modifications to reach compliance (pg. 21). There were no results included regarding settings under HSW. Please ensure that any further results or additional settings flagged for heightened scrutiny are included in the updated STP.

With respect to settings that isolate, CMS encourages Michigan to carefully review all residential and non-residential settings for indications that individuals with disabilities are isolated in those settings, and unable to access the community to the degree required by the Final Rule. There are several tools and sub-regulatory guidance on this topic available online at <http://www.medicaid.gov/HCBS>.

Monitoring of Settings

- Please provide more details in the STP on the monitoring process the state intends to use to ensure continued compliance of its settings with the federal requirements, including a timeframe for each specific monitoring step.
 - For example, on page 59 the state has indicated that the MI Choice waiver agencies and HSW PIHPs will be responsible for monitoring settings on a periodic basis. The STP must include details describing how the waiver agencies and PIHPs will be monitoring settings, how the state will retain oversight over their monitoring processes, the training that will be provided to the waiver agencies’ and PIHPs’ staff, and the steps the state will take to improve quality assurance. Please also explain how the state will be leveraging its current monitoring processes for ensuring continued compliance of its settings.
 - The state has indicated that DDI will transition ongoing monitoring and assessment of HSW settings to the PIHPs. Please update the STP with how the state will oversee and validate the PIHPs’ monitoring process.
- The state has indicated that revisions to the MI Choice managed care contracts will not be completed before contract year 2018, which seems rather late (pg. 9) in terms of assuring compliance with the federal requirements under this waiver. Similarly, the Provider Monitoring Tool revisions for the MI Choice waiver will not be completed until July 2017 and the Medicaid Provider Manual revisions will not be complete until March 2018. Please confirm that this will

not impede the ability of the state to assure that all HCBS settings are compliant fully with the federal HCBS rule by March 2019.

Communication with Beneficiaries of Options when a Provider is not Compliant

CMS requests that the state include additional information about the relocation of beneficiaries in the STP.

- Please include more details about what opportunities, information, and supports the state intends to provide to the affected participants.
- Although the state ensures that participants in the HSW program will be transitioned through a person-centered planning process the state does not ensure that individuals served through the MI Choice Waiver will also be guaranteed a person-centered planning process through their transition. Please add language to the STP that indicates that both HSW and MI Choice participants will be guaranteed a person-centered planning process during the transition period.
- The dates for notification of beneficiaries whose settings cannot come into compliance do not align with the subsequent timeframe for other transition activities. Under the MI Choice waiver, the state will notify beneficiaries of their site's non-compliant status from June 1, 2016 through December 31, 2016. However, the timeline indicates that the state will give individuals the option to transition to a new setting or disenroll from January 1, 2016 through March 17, 2019. The start dates for these activities do not align. Please ensure that the state will notify beneficiaries of their sites' non-compliant status well before they begin the transition process.
- Under the HSW, the state will notify beneficiaries of their site's non-compliant status from January, 1 2016 through March 31, 2018. Other language in the STP indicates that the state will notify beneficiaries no later than September 16, 2018 (p. 59). Please reconcile these timelines.
- CMS understands that information regarding the number of beneficiaries who will require transitioning has not yet been determined, but requests that the state provide that information in the STP when it is available.

PUBLIC NOTICE
Michigan Department of Health and Human Services
Medical Services Administration

Statewide Transition Plan for Home and Community-Based Services

The Michigan Department of Health and Human Services provides Home and Community-Based Services to individuals in the Medicaid program. These services help Michigan citizens with disabilities or other health issues to live at home or in the community. The Department offers many of these services through "waivers," which were approved by the Centers for Medicare and Medicaid Services.

The Centers for Medicare and Medicaid Services recently released a new rule for Home and Community-Based Services waivers. MDCH has five §1915(c) waivers that are impacted by the Final Rule. They are:

- Children's Waiver Program
- Habilitation Supports Waiver
- MI Choice Waiver
- MI Health Link Program
- Waiver for Children with Serious Emotional Disturbances

The Michigan Department of Health and Human Services developed a Statewide Transition Plan to outline the implementation process for this rule. The Department recently revised its Statewide Transition Plan based on feedback from the Centers for Medicare and Medicaid Services. The revised Statewide Transition Plan can be found online at: <http://www.michigan.gov/mdhhs> >> Assistance Programs >> Health Care Coverage >> Home and Community-Based Services Program Transition >> Revised Statewide Transition Plan.

The revised Statewide Transition Plan is a draft and will be updated as needed until February 29, 2015, when the plan will be submitted to Centers for Medicare and Medicaid Services for approval. At that time, the final version of these documents will be posted online.

Comments

Any comments regarding the proposed Statewide Transition Plan covered by this public notice, or request for a written copy, may be submitted in writing to HCBSTransition@michigan.gov or by mail to:

Attention: Medicaid Policy
 Program Policy Division,
 Bureau of Medicaid Policy and Actuarial Services
 Michigan Department of Health and Human Services
 P.O. Box 30479
 Lansing, Michigan 48909-7979

The Department will be accepting comments until January 22, 2016. All comments on this topic should include a "Statewide Transition Plan Comment" reference somewhere in the written submission or in the subject line if e-mail is used. The Department will prepare a consultation summary based on these comments, which will be made available at the above website following the end of the comment period. There is no public hearing scheduled for this Statewide Transition Plan.

Stakeholders should only submit comments related to the content of the draft plan at this time. Stakeholders do not need to submit evidence that a particular setting is "home and community-based" at this time. The Department will notify stakeholders if evidence needs to be submitted for this purpose.



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Classified

PAGE C7 / THE FLINT JOURNAL / THURSDAY, DECEMBER 17, 2015

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Christmas HOLIDAY DEADLINES

The Classified Department will be CLOSED Friday, December 25th, 2015 to observe the Christmas Holiday. Please check the following schedule for early deadlines:

NEW LINE ADS, CORRECTIONS AND CANCELLATIONS FOR:

| Edition | Deadline |
|--------------|------------------------|
| Fri. Dec. 25 | 12 p.m. Thurs. Dec. 24 |
| Sat. Dec. 26 | 3 p.m. Thurs. Dec. 24 |
| Sun. Dec. 27 | 3 p.m. Thurs. Dec. 24 |
| Mon. Dec. 28 | 3 p.m. Thurs. Dec. 24 |

Ads may be placed 24 hours a day, 7 days a week on the web at:
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OBITUARIES FOR:

| Edition | Deadline |
|--------------|--------------------------|
| Fri. Dec. 25 | 1:30 p.m. Thurs. Dec. 24 |
| Sat. Dec. 26 | 2 p.m. Thurs. Dec. 24 |
| Sun. Dec. 27 | 3 p.m. Sat. Dec. 26 |

Obituaries and In Memoriams may be placed 24 hours a day, 7 days a week online at:
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JACKSON CITIZEN PATRIOT • KALAMAZOO GAZETTE
THE MUSKOGEE CHRONICLE • THE SAGINAW NEWS**

PUBLIC NOTICES

PUBLIC NOTICE
Michigan Department of Health and Human Services
Medical Services Administration

Enrollment of Marriage And Family Therapists as Medicaid Providers

Contingent upon approval of State Plan and Alternative Benefit Plan Amendments from the Centers for Medicare & Medicaid Services, the Michigan Department of Health and Human Services (MDHHS), Medical Services Administration, intends to enroll fully licensed marriage and family therapists as Medicaid providers allowing them to provide and be directly reimbursed for behavioral health services provided to Fee for Service Medicaid beneficiaries. The proposed effective date of these State Plan and Alternative Benefit Plan Amendments is April 1, 2016. It is anticipated that this policy will be budget neutral.

In compliance with 42 CFR § 440.345, individuals receiving this benefit will continue to have access to services within the full early and periodic screening, diagnostic and treatment (EPSDT) benefit as defined in 1905(c) of the Social Security Act.

Providers in Michigan must be currently licensed by the Department of Licensing and Regulatory Affairs. Out-of-state providers must be licensed by the appropriate standard-setting authority in the state they are practicing.

Tribal Health Centers Only - To comply with 42 CFR 431.110, licensed health professionals employed by a Tribal Health Program must be licensed in good standing in at least one state, but do not need to be licensed in the state where they are practicing.

Reimbursement for covered behavioral health services will be established through a fee schedule, which will be published on the MDHHS website. Marriage counseling is not a Medicaid covered service.

Any interested party wishing to comment on changes may do so by submitting them in writing to: MDHHS/Medical Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979, or e-mail: MSA.DraftPolicy@michigan.gov. There is no public hearing scheduled for this proposed policy.

PUBLIC NOTICE
Michigan Department of Health and Human Services
Medical Services Administration

Section 1115 Waiver - Pathway to Integration Proposal

The Michigan Department of Health and Human Services (MDHHS) is seeking approval from the Centers for Medicare and Medicaid Services (CMS) for a \$1115 Demonstration Waiver to combine under a single waiver authority all services and eligible populations served through its §1915(b) and its multiple §1915(c) waivers for persons with Serious Mental Illness (SMI), Substance Use Disorders (SUD), Intellectual & Developmental Disabilities (IDD) and Children with Serious Emotional Disturbances (SED). Under this consolidated waiver authority, Michigan is seeking broad flexibility to develop quality, financing and integrated care (physical and behavioral health care) initiatives for all Specialty Service Populations on a statewide basis.

Two public hearings have been scheduled at the dates, times and locations below.

January 13, 2016 1-2:30 p.m. Webinar:
<https://connectpro14871085.adobeconnect.com/duale/>
U.S. Toll-Free Access Number: (877) 366-0711
Participant Passcode: 39535358

January 28, 2016 Lansing Center, 10-11:30 a.m.
333 Michigan Avenue
Lansing MI 48933

A copy of the complete §1115 waiver, stakeholder notice and waiver summary is available online at http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868--,00.html. You may request a hard copy of the complete §1115 waiver, stakeholder notice and waiver summary by contacting Teri Baker at the address below. You may also submit questions or comments regarding the waiver to the address below or by email at MDHHS-Pathway1115@michigan.gov. All comments on this topic should include a "Section 1115 - Pathway to Integration" reference somewhere in the written submission or the subject line if by email.

Michigan Department of Health and Human Services
Bureau of Community Health and Developmental Disabilities
Administration
320 S. Walnut Street
Lewis Cass Building, 5th Floor
Lansing MI 48933

The revised Statewide Transition Plan is a draft and will be updated as needed until February 29, 2016, when the plan will be submitted to Centers for Medicare and Medicaid Services for approval. At that time, the final version of these documents will be posted online.

Comments
Any comments regarding the proposed Statewide Transition Plan covered by this public notice, or request for a written copy, may be submitted in writing to HCBSTransition@michigan.gov or by mail to:
Attention: Medicaid Policy Program Policy Division, Bureau of Medicaid Policy and Actuarial Services
Michigan Department of Health and Human Services
P.O. Box 30479
Lansing, Michigan 48909-7979

The Department will be accepting comments until January 22, 2016. All comments on this topic should include a "Statewide Transition Plan Comment" reference somewhere in the written submission or in the subject line if a mail is used. The Department will prepare a consultation summary based on these comments, which will be made available at the above website following the end of the comment period. There is no public hearing scheduled for this Statewide Transition Plan.

Stakeholders should only submit comments related to the content of the draft plan at this time. Stakeholders do not need to submit evidence that a particular setting is "home and community-based" at this time. The Department will notify stakeholders if evidence needs to be submitted for this purpose.

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PUBLIC NOTICES

NOTICE OF PUBLIC HEARING
City of Flushing Planning Commission

The Flushing Planning Commission will hold a Public Hearing on Monday, January 4, 2016, at 7:30 p.m., in City Hall, 725 E. Main Street, Flushing, Michigan 48433, for the purpose of receiving public comments on proposed amendments to Chapter 153 - Zoning Code of the City Code of Ordinances:

153.109 Performance Standards (Article 1 -

PUBLIC NOTICES

PUBLIC NOTICE
Michigan Department of Health and Human Services
Medical Services Administration

Coverage of Autism Services for Children Under 21 Years of Age

The Michigan Department of Health and Human Services provides notice that it has submitted a State Plan Amendment to provide for the coverage of behavioral health treatment (BHT) services, including applied behavior analysis (ABA), for children under 21 years of age with autism spectrum disorders (ASD). Pending approval by the Centers for Medicare and Medicaid Services, the Michigan Department of Health and Human Services anticipates an effective date of January 1, 2016. The additional total costs to the program are estimated to be \$7,400,000 in FY 2016 and have been included in state budget appropriations.

The coverage of behavioral health treatment (BHT) services for children with autism spectrum disorders (ASD) is a State Plan

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Link to press release for revised STP

http://www.michigan.gov/mdhhs/0,5885,7-339-73970_71692-371656--,00.html

MDHHS HCBS Transition web address

http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

Medicaid address for L-Letter

http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-373305--,00.html

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 17, 2014

Mr. Stephen Fitton
State Medicaid Director
Medical Services Administration
Michigan Department of Community Health
400 South Pine Street
Lansing, MI 48933

Dear Mr. Fitton:

The Centers for Medicare & Medicaid Services (CMS) approves Michigan's 1915(c) home and community-based services (HCBS) Habilitation Supports Waiver amendment, CMS control number 0167.R05.01. Effective April 1, 2014, this amendment provides waiver services to those Healthy Michigan Program enrollees who meet waiver eligibility requirements. The waiver amendment also includes a Home and Community-Based Settings Transition Plan, in accordance with the HCBS final regulation published on January 16, 2014. The amendment did not affect cost-neutrality of the waiver.

The CMS would greatly appreciate ongoing communication with the state to help keep the Regional Office informed of any changes or updates related to this waiver. If there are any questions please contact Eowyn Ford at (312) 886-1684 or Eowyn.Ford@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads "Alan Freund".

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Jacqueline Coleman, MDCH
Mindy Morrell, CMCS

Michigan Home and Community Based Services (HCBS) Transition Plan – Habilitation Supports Waiver (HSW)

| Section 1: Assessment | | | | | |
|---|---|-------------------|-----------------|--|---|
| <i>Action Item</i> | <i>Description</i> | <i>Start Date</i> | <i>End Date</i> | <i>Sources</i> | <i>Key Stakeholders</i> |
| Align all policies, standards, and requirements with HCBS settings requirements | Evaluate program policies, standards, and requirements to identify any needed changes for full alignment with HCBS settings requirements and identify target dates for necessary revisions. | 9/1/14 | 3/1/15 | Licensing standards of Adult Foster Care's (AFC), Provider contract, site review protocols | Department of Human Services (DHS), Licensing and Regulatory Affairs (LARA), Office of Recipient Rights (ORR) |
| Obtain active list of residential settings | State of Michigan conducts preliminary assessment of the types of HSW residential settings that Michigan Department of Community Health (MDCH) - Behavioral Health and Developmental Disabilities Administration (BHDDA) can assume complies with CMS HCBS settings requirements and those settings which are provider owned or controlled. | 8/1/14 | 8/8/14 | Waiver Support Application (WSA) and Data warehouse Residential Living Arrangement (RLA) codes | DCH Federal Compliance Section, BHDDA |
| Obtain active list of nonresidential service types | State of Michigan conducts preliminary assessment of the types of HSW nonresidential services and the characteristics of the settings. | 8/1/14 | 8/8/14 | Healthcare Common Procedure Coding System (HCPCS) codes of out of home non vocational, pre vocational, and supported employment services billed to HSW | DCH Federal Compliance Section, BHDDA |
| Submit HSW Waiver Amendment | Submit Waiver amendment to Centers for Medicare and Medicaid Services (CMS) following public comment period on transition plan. | 9/15/14 | 9/30/14 | CMS Waiver document | DCH Federal Compliance Section, BHDDA, Medical Services Administration (MSA) |
| Develop provider self-assessment tool | State of Michigan develops tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate conformity to HCBS | 10/1/14 | 2/28/15 | CMS exploratory tool, state developed assessment | DCH Federal Compliance and contracts Section, |

Michigan Home and Community Based Services (HCBS) Transition Plan – Habilitation Supports Waiver (HSW)

| | | | | | |
|---|--|---------|---------|--|---|
| | rules. An independent organization will be used to validate the results of this survey by on site assessments conducted by trained reviewers. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval. Incorporate assessment tool into provider enrollment policy and contracts. | | | tools | BHDDA, MSA, Provider network, Quality Improvement Council (QIC) |
| Develop beneficiary survey tool | State of Michigan with involvement from key stakeholders develops tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for HSW beneficiaries to evaluate conformity to and compliance with HCBS rules and to represent their experience of the setting. Incorporate assessment tool into provider enrollment policy and contracts. | 10/1/14 | 2/28/15 | CMS exploratory tool, state developed assessment tools | DCH Federal Compliance and contracts Section, BHDDA, MSA, HSW beneficiary |
| Develop Community Mental Health (CMH)/ Prepaid Inpatient Health Plan (PIHP) survey tool | State of Michigan develops tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for HSW PIHP coordinators to evaluate conformity to and compliance with HCBS rules. An independent organization will be used to validate the results of this survey by on site assessments conducted by trained reviewers. Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval. Incorporate assessment tool into provider enrollment policy and contracts. | 10/1/14 | 2/28/15 | CMS exploratory tool, state developed assessment tools | DCH Federal Compliance and contracts Section, BHDDA, MSA, HSW PIHP coordinators |
| Survey tools will be administered and completed. | Provider, beneficiary, and CMH/PIHP survey tools will be administered and completed. | 3/1/15 | 3/31/15 | State developed survey tools | DCH Federal Compliance and Performance Measurement Section |

Michigan Home and Community Based Services (HCBS) Transition Plan – Habilitation Supports Waiver (HSW)

| Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
|--|---|------------|----------|--|---|
| Survey results are submitted to DCH | All active enrolled HCBS provider and HSW PIHP coordinators will submit the assessment tool to DCH. HSW enrollees will be given the opportunity to submit the assessment tool, with assistance from their family and other natural supports, to DCH however will not be required to do so. Survey will include a prompt to indicate the relationship of the person assisting, as appropriate. | 4/1/15 | 4/30/15 | Assessment tool, Provider Network, PIHP HSW coordinators, beneficiary. | DCH Federal Compliance and contracts Section, BHDDA, MSA, Provider network, QIC |
| Assessment data is compiled and analyzed | DCH compiles the data from providers, beneficiary, and PIHP HSW coordinators to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance. | 5/1/15 | 5/30/15 | Self-Assessment tool, SharePoint, data analysis | DCH Federal Compliance and contracts Section, BHDDA, MSA, Provider network, QIC |
| Assessment results and report | DCH will present the results of the assessment data to stakeholders and post results. | 6/1/15 | 6/30/15 | Self-Assessment tool, SharePoint, data analysis | DCH Federal Compliance and contracts Section, BHDDA, MSA, Provider network, QIC |
| HSW Transition Plan | Develop a modified Transition Plan informed by the assessment and site survey data which establish a plan for addressing all components of compliance with the HCBS rule. | 6/1/15 | 6/30/15 | Assessment results, key stakeholder input results | DCH Federal Compliance and contracts Section, BHDDA, MSA, Provider network, QIC, advocacy groups. |

Michigan Home and Community Based Services (HCBS) Transition Plan – Habilitation Supports Waiver (HSW)

| Section 2: Remediation | | | | | |
|--|---|------------|----------|-----------------------|---|
| Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| Submit Waiver Plan Amendment to CMS | State will submit a waiver amendment that outlines settings which meet HCBS characteristics and settings which currently do not meet HCBS characteristics but may. The state will design remediation strategies for those HCBS providers not in compliance (but may) with HCBS rules. This amendment will include assessment results and will indicate significant milestones on remediation and a timeline. Settings presumed not to meet HCBS requirements will be identified however the state does not intend to submit a plan to provide evidence that these settings comport to the rule. | 6/1/15 | 6/30/15 | CMS HCBS guidelines | BHDDA, MSA, PIHP, CMH, Advocates, DHS, LARA, ORR |
| Design Remedial Strategy | State will design a remedial strategy for settings found to be noncompliant. The strategy will include the remediation process to include education and outreach in the form of site surveys, technical assistance and consultation, and corrective action plans. The state will include in this process, modifications of relevant policies, laws, or regulations or assisting transfers to acceptable settings. | 10/1/15 | 3/1/19 | CMS HCBS guidelines | BHDDA, MSA, Providers, beneficiaries, PIHP, CMH, Advocates, DHS, LARA, ORR |
| Policy Development | State will revise policies and procedures as needed to address ongoing monitoring and compliance including the self-assessment and survey tools as well as the site review protocols. | 10/1/15 | 3/1/15 | DCH and DHS | DCH Federal Compliance and contracts Section, BHDDA, MSA, Provider network, QIC, advocacy groups. |
| DCH site review team will assess for ongoing compliance of HCBS settings in residential and non-residential settings | Amend DCH site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings. | 10/1/15 | 3/1/19 | Site Review protocols | DCH Federal Compliance and contracts Section, BHDDA, MSA, Provider, QIC |

Michigan Home and Community Based Services (HCBS) Transition Plan – Habilitation Supports Waiver (HSW)

| Section 3: Outreach and Engagement | | | | | |
|--|--|------------|----------|--|--------------------------------------|
| Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| Initial Transition Plan Developed | Immediate Stakeholder input gathered | 8/1/14 | 9/30/14 | Advocates, General stakeholder meeting | DCH, PIHP, CMH, Advocates, enrollees |
| Public Notice-Assessment Plan Review | DCH makes public notice calling for comment on the HSW transition plan | 8/25/14 | 9/25/14 | HCBS Transition Plan | DCH, PIHP, CMH, Advocates, enrollees |
| Incorporate Public comments-Transition Plan | DCH will collect public comment through dedicated email address, in person, or via fax. | 8/25/14 | 9/25/14 | Dedicated HSW email box | DCH |
| Public Comment-collection and plan revisions | DCH incorporates appropriate changes to Transition Plan based on public comments. | 9/26/14 | 9/28/14 | Transition Plan, Public Comments | DCH |
| Public Comment-Ongoing Input | DCH will utilize various stakeholder groups to regularly present and partner with to inform a comprehensive Transition Plan in preparation for Waiver Amendment/Renewal in 2015. | 10/1/14 | 6/30/15 | Transition Plan, Public Comments | DCH, PIHP, CMH, Advocates, enrollees |
| Stakeholder education | Conduct training for individual enrollees of HSW, their circle of support on HCBS rule and impact on their services. Ongoing education for new enrollees and their circle of support will be made available by the appropriate PIHP. | 11/1/14 | 6/30/15 | DCH | HSW enrollees and circle of support |
| Provider Education | Design and implement training and education on HCBS rule | 11/1/14 | 6/30/15 | DCH | Provider entities |

Michigan's Responses to CMS Comments on the HSW Settings Transition Plan

November 24, 2014

Assessment

Item 2 and 3 – Please describe the “preliminary assessment.” Please include a brief description of how this assessment will be done and by whom.

Item 2 – MDCH has a waiver support application (WSA) which has a function of keeping tracking of the residential living arrangements (RLAs) of HSW participants. MDCH assumes that private residences and foster family homes meet the HCBS final rules. So the preliminary assessment is to get a complete list of HSW participants who live in provider owned or controlled settings in FY14 based on the RLA codes from the WSA. That includes 1) HSW participants living in specialized residential homes, 2) HSW participants living in general residential homes; and 3) HSW participants living in private residences own by the PIHP, CMHSP or the contracted provider. During the preliminary assessment, MDCH will draw a random proportionate sample that is statistically significant to the 95% confidence level from the participants who live in provider owned and controlled settings. The sample will be used for disseminating the PIHP, provider, and beneficiary surveys that are described in item 5-8 of the Assessment section of the transition plan.

Item 3: The preliminary assessment is to get a complete list of HSW participants who received non-residential services in the third quarter of FY14. The non-residential services include 1) out of home non vocational habilitation, 2) out of home prevocational services; and 3) supported employment. During the preliminary assessment, MDCH will draw a random proportionate sample that is statistically significant to the 95% confidence level from the participants who received non-residential services. The sample will be used for disseminating the PIHP, provider and beneficiary surveys that are described in item 5-8 of the Assessment section of the transition plan.

Item 4 – Please include the locations where the amendment and transition plans were published either here or in the outreach section.

The location where the amendment and transition plan were published will be included in Section 3: Outreach and Engagement.

Remediation

Item 2. The timeframe for designing remedial strategies and policy development are quite long, without explanation of milestones and activities. Are there steps that the State can add to the waiver specific plan at this point? For example, when will the State notify CMS of any presumptively non-HCB settings for heightened scrutiny? When will the State attempt provider remediation? If the sites cannot become compliant, when will the State begin to take action, and what broad action will the State take? Since all actions must be completed by 3/1/19, the State should target dates when it will make the necessary policy decisions well before 2019, so implementation can be completed by 2019. The State may find it helpful to align these actions with the timeframes provided in the MI Choice transition plan.

The milestones with start and end dates has been added to item 2 in the transition plan.

Item 3. The timeline for this item appears to have a typo; it looks as if the State meant to have the ending date 3/1/19. See comments above for narrowing the timeline for designing the remedial strategy to ensure that actions will be completed within the 5-year timeframe.

Michigan's Responses to CMS Comments on the HSW Settings Transition Plan

November 24, 2014

The end date on the transition plan has been corrected to 3/1/2017.

Outreach and Assessment

Please include the locations where the amendment and transition plans were published either here or in the assessment section.

The amendment and transition plan were published in major newspapers, MDCH website. MDCH also sent out an L letter to all PIHPs.

Miscellaneous

CMS understands that a chart can't be inserted into WMS. For ease of review, please send an e-mail with a PDF chart of the transition plan, in addition to the information formatted in the WMS application. Please also insert a sentence at the beginning of the transition plan section that states "Please also see attached chart."

The State will send a pdf chart of the transition plan to CMS. The requested revision has been to the online application.

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



March 27, 2015

Mr. Stephen Fitton
State Medicaid Director
Medical Services Administration
Michigan Department of Community Health
400 South Pine Street
Lansing, MI 48933

Dear Mr. Fitton:

The Centers for Medicare & Medicaid Services (CMS) approves Michigan's §1915(c) home and community-based services (HCBS) waiver amendment to the Waiver for Children with Serious Emotional Disturbances, CMS control number 0438.R02.01. Effective April 1, 2015, this amendment changes the rate methodology in the waiver to align with the methodology found in Michigan's §1915(c) Children's Waiver Program. The waiver amendment also includes a Home and Community-Based Settings Transition Plan, in accordance with the HCBS final regulation published on January 16, 2014, and updates the waiver eligibility section of the application to comply with Section 2404 of the Affordable Care Act as it relates to spousal impoverishment protections for individuals with a community spouse. The amendment did not affect cost-neutrality of the waiver.

The CMS would greatly appreciate ongoing communication with the state to help keep the Regional Office informed of any changes or updates related to this waiver. If there are any questions please contact Eowyn Ford at (312) 886-1684 or Eowyn.Ford@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads "Alan Freund".

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

cc: Erin Black, MDCH
Mindy Morrell, CMCS
Lynell Sanderson, CMCS

Michigan Home and Community Based Services (HCBS) Transition Plan – Waiver for Children with Serious Emotional Disturbance (SEDW)

| Section 1: Assessment | | | | | |
|---|---|-------------------|-----------------|--|--|
| <i>Action Item</i> | <i>Description</i> | <i>Start Date</i> | <i>End Date</i> | <i>Sources</i> | <i>Key Stakeholders</i> |
| Align all policies, standards, and requirements with HCBS settings requirements | Settings are presumed compliant with HCBS with rules and therefore it is not necessary to align policies, standards and requirements. | 12/1/14 | 1/31/15 | | DCH Federal Compliance Section, BHDDA |
| Submit SEDW Waiver Amendment | Submit Waiver amendment to Centers for Medicare and Medicaid Services (CMS) following public comment period on transition plan. | 12/30/14 | 12/30/14 | CMS Waiver Document | DCH Federal Compliance Section, BHDDA, Medical Services Administration (MSA) |
| Assess settings covered by the waiver | State of Michigan conducts preliminary assessment of the types of SEDW residential and nonresidential services and the characteristics of the settings. Foster Family homes, per licensing rules, meet the HCBS regulatory requirements. Foster family homes have four or fewer foster children. Supervision and care is done by the foster parent and the child is treated as a family member with the same rights as any other child in the home. As part of the licensing process there is an interview with the parent about expectations and commitment to the child as being a family member. In addition, there is monthly monitoring by the foster care worker via interview with the child. Family homes, including family foster homes, independent living settings (not provider owned or operated) have presumed compliance with the rule. No remediation activity will be conducted. | 12/1/14 | 3/1/15 | State of Michigan licensing law and rules. | DCH Federal Compliance Section, BHDDA |

Michigan Home and Community Based Services (HCBS) Transition Plan – Waiver for Children with Serious Emotional Disturbance (SEDW)

| Section 2: Outreach and Engagement | | | | | |
|--|--|------------|----------|--|--------------------------------|
| Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| Initial Transition Plan Developed | Immediate Stakeholder input gathered | 11/24/14 | 12/24/14 | Advocates, General stakeholder meeting | DCH, CMH, Advocates, enrollees |
| Public Notice-Assessment Plan Review | DCH makes public notice calling for comment on the SEDW transition plan: On November 24, 2014, MDCH sent the amendments and draft HCB Settings transition plan to stakeholders and posted the documents on the MDCH, BHDDA website for public comment. MDCH also posted a public notice in various newspapers across Michigan and sent out a press release to solicit public comment. MDCH developed a dedicated email address for public comment. No comments were received in response to these notices. | 11/24/14 | 12/24/14 | HCBS Transition Plan | DCH, CMH, Advocates, enrollees |
| Incorporate Public comments-Transition Plan | DCH will collect public comment through dedicated email address, in person, or via fax. | 11/24/14 | 12/24/14 | Dedicated email box | DCH |
| Public Comment-collection and plan revisions | DCH incorporates appropriate changes to Transition Plan based on public comments. | 11/24/14 | 12/24/14 | Transition Plan, Public Comments | DCH |

Michigan's Statewide Transition Plan for Home and Community-Based Services

Version 3.1

Version Date: March 15, 2017



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Introduction to the Statewide Transition Plan

The Michigan Department of Health and Human Services (MDHHS) offers a wide range of home and community-based services and supports to improve the health and well-being of Michigan residents. Many of these home and community-based services are offered through Medicaid waiver programs. MDHHS has created several waiver programs to provide services to Michigan residents who have aging-related needs, disabilities, or other health issues. Individuals in these programs receive services in their own homes and/or communities rather than being served in an institutional setting.

In 2014, the Federal Government issued a new rule for Medicaid waiver programs that pay for home and community-based services. The goal of the new rule is to ensure that individuals who receive home and community-based services are an equal part of the community and have the same access to the community as people who do not receive Medicaid waiver services. The MDHHS must assess Michigan waiver programs and transition each program into compliance with new rule. MDHHS developed a Statewide Transition Plan (STP) to outline the transition process for Michigan Medicaid waiver programs.

The MDHHS developed the STP based upon the following principles:

- Improve the inclusion and integration of waiver participants into the community
- Promote autonomy and self-determination of individual participants
- Allow for flexibility for individuals to meet their personal goals and health needs
- Build partnerships at the local, regional, and statewide level to strengthen the implementation process
- Help individuals, providers, and local/regional service agencies succeed during the transition process

MDHHS submitted the first version of the STP to the Centers for Medicare and Medicaid Services (CMS) on January 16, 2015. MDHHS will continue to update the STP as additional details of the transition process are finalized.

Components of the Statewide Transition Plan

The STP is composed of the following components:

Statewide Transition Timeline: The Statewide Transition Timeline is the central component of the STP. The timeline provides an overview of what the major milestones in the STP are, depicts how and when these milestones may vary across waiver programs, and highlights where progress has been made in reaching these milestones.

Systemic Assessment: The Systemic Assessment is a comprehensive review of how current state policies, procedures, standards, and contracts align with the Federal rule. MDHHS will use the Systemic Assessment to determine what policies, procedures, standards, and contracts may need to be updated or clarified to come into compliance with the rule.

Table of Settings to be Assessed: This component provides a forecast of the number and types of settings that MDHHS anticipates will be assessed as part of the transition process.

Assessment Results: As individual settings are assessed for compliance under each waiver program, MDHHS will post the aggregated results for each waiver on the project website and also incorporate the results into the STP.

Presumed not to be Home and Community-Based Process: Under the rule, some settings may have institutional qualities and are presumed not to be home and community-based. Settings that fall into this category must be evaluated for compliance by the MDHHS and also approved by CMS through a heightened scrutiny process. This component provides an overview of the process of determining whether a setting is presumed not to be home and community-based and how a setting could proceed with the heightened scrutiny process.

Stakeholder Outreach and Engagement Strategy: As part of implementing the STP, MDHHS will seek to engage and connect with Michiganders in order to inform them of the transition process and improve the integration and inclusion of individuals into the community. The Stakeholder Outreach and Engagement Strategy outlines MDHHS's historical efforts to engage stakeholders on this issue and provides perspective on MDHHS's ongoing strategy for connecting with Michiganders during the implementation process.

Overview of Home and Community-Based Waiver Programs

| Program Name | Program Type | Population | Purpose of the Program | The Rule's Effect on the Program |
|---|-----------------|--|--|---|
| Children's Waiver Program | §1915(c) Waiver | Children with Developmental Disabilities | Provide community-based services to children under age 18 who would otherwise require the level of care provided in an Intermediate Care Facility. | All settings under this waiver are presumed compliant with the rule. |
| Children with Serious Emotional Disturbances Waiver Program | §1915(c) Waiver | Children with Behavioral Health Needs | Provides community-based services to children with serious emotional disturbances under age 21 who otherwise would require hospitalization in the State psychiatric hospital for children. | All settings under this waiver are presumed compliant with the rule. |
| MI Choice Waiver Program | §1915(c) Waiver | Older Adults or Adults with a Disability | Provide community-based services to individuals who would otherwise require the level of care provided in a nursing facility. | All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018. |
| MI Health Link HCBS Waiver Program | §1915(c) Waiver | Older Adults or Adults with a Disability | Provide community-based services to adults (1) who are dually eligible for Medicare and Medicaid and (2) who would otherwise require the level of care provided in a nursing facility. | All settings under this waiver must be in immediate compliance with the rule in order to provide home and community-based services. Please see Page 5 for more details. |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| | | | | |
|--|-----------------|--|--|---|
| Habilitation Supports Waiver Program | §1915(c) Waiver | Children and Adults with Developmental Disabilities | Provide community-based services to children and adults with developmental disabilities who would otherwise require the level of care provided in an Intermediate Care Facility. | All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018. |
| Managed Specialty Services and Supports Waiver Program | §1915(b) Waiver | Children and Adults with Behavioral Health Needs or Developmental Disabilities | Provides coverage for (1) mental health and substance use disorder services; and (2) long-term services and supports. This program also includes §1915(b)(3) supports and services that that promote community inclusion and participation, independence, and/or productivity. | CMS has agreed to provide regulatory authority on the applicability of the HCBS requirements to specific §1915(b)(3) services and settings. MDHHS is working with CMS to identify the specific services and setting affected by the HCBS requirement. |

Home and Community-Based Services Waiver Programs and the Home and Community-Based Services Rule

MDHHS currently has six waiver programs that offer home and community-based services to qualified individuals with behavioral health needs or developmental disabilities: (1) the Children's Waiver Program, (2) the Children with Serious Emotional Disturbances Waiver Program, (3) the Habilitation Supports Waiver Program, (4) the MI Choice HCBS Waiver Program, (5) the MI Health Link HCBS Waiver Program and (6) the Managed Specialty Supports and Services Waiver Program. This section provides a description of how the home and community-based services rule applies to the six existing waiver programs.

Children's Waiver Program: After conducting an initial review of settings under this waiver program, MDHHS determined that settings under this waiver should be presumed to be compliant with the rule. All children under this waiver program are served in family homes, which have presumed compliance under the rule. MDHHS will not be assessing individual settings under this waiver program.

Children with Serious Emotional Disturbances Waiver Program: After conducting an initial review of settings under this waiver program, MDHHS determined that settings under this waiver should be presumed to be compliant with the rule. All children under this waiver program are served in family homes, independent living settings, or foster family homes. Due to the characteristics of these settings and the requirements under state licensing, MDHHS has determined that these settings meet the requirements of the rule. MDHHS will not be assessing individual settings under this program.

Habilitation Supports Waiver Program: All waiver participants under this waiver program who are served in family homes, private residences, not owned or operated by the provider, have presumed compliance under the rule. All other settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.

MI Choice Waiver Program: All settings under this waiver must be assessed for compliance with the rule. The final date for compliance is September 16, 2018.

MI Health Link HCBS Waiver: Because this waiver was approved after the start date of the rule, all settings under this waiver must be in immediate compliance in order to provide home and community-based services. Additionally, because

the MI Health Link HCBS Waiver Program must be in immediate compliance with the rule and will not be included in the transition period, this waiver program is not included in the Statewide Transition Timeline.

Managed Specialty Services and Supports Waiver Program: Settings for beneficiaries age 21 and over who are receiving CLS in provider owned or controlled settings, Supported Employment, and Skill Building under this waiver must be assessed for compliance with the rule.

Table of Acronyms

| | | | |
|--------------|--|--------|--|
| AFC | Adult Foster Care | LARA | Department of Licensing and Regulatory Affairs |
| BHDDA | Behavioral Health and Developmental Disability Administration | LOCD | Level of Care Determination |
| CLS | Community Living Supports | LTC | Long Term Care |
| CMH or CMHSP | Community Mental Health Services Program | *MDHHS | Michigan Department of Health and Human Services |
| CMS | Centers for Medicare and Medicaid Services | MPM | Michigan Medicaid Provider Manual |
| CPT | American Medical Association's Current Procedural Terminology | MSA | Medical Services Administration |
| CWP | Children's Waiver Program | ORR | Office of Recipient Rights |
| DDI | Developmental Disabilities Institute of Wayne State University | PIHP | Pre-Paid Inpatient Health Plan |
| DDPIT | Developmental Disabilities Practice Improvement Team | QIC | Quality Improvement Council |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| | | | |
|-------|--|------|---|
| HCBS | Home and Community Based Services | RLA | Residential Living Arrangement |
| HCPCS | Healthcare Common Procedure Coding System based on the American Medical Association's Current Procedural Terminology codes | SEDW | Waiver for Children with Serious Emotional Disturbances |
| HFA | Homes for the Aged | STP | Statewide Transition Plan |
| HSW | Habilitation Supports Waiver | WSA | Waiver Support Application |

*Effective October 1, 2015, Michigan Department of Community Health (MDCH) and Michigan Department of Human Services (DHS) merged to become Michigan Department of Health and Human Services (MDHHS).

Statewide Transition Timeline

The Statewide Transition Timeline is the central component of the STP. The timeline provides an overview of what the major milestones in the STP are, depicts how and when these milestones may vary across waiver programs, and highlights where progress has been made in reaching these milestones. The Statewide Transition Timeline is composed of four phases:

Section 1: Assessment Process: As part of the transition process, the MDHHS must assess Michigan's home and community-based services (HCBS) waiver programs for compliance with the rule. The assessment has two parts:

- **Section 1a and 1b: Systemic Assessment**

The Systemic Assessment is a comprehensive review of how current state policies, procedures, standards, and contracts align with the Federal rule. More details on this process are also included in the Systemic Assessment section of the STP.

- **Section 1c: Setting Assessment**

The Setting Assessment is a review of all settings where individuals receive home and community-based services under a Medicaid Waiver Program.

Section 2: Remediation and Ongoing Monitoring Process: Once MDHHS has completed the systemic assessment and site-specific assessment processes, MDHHS will start the remediation process in order to bring settings and programs into compliance with the rule. The remediation process will include (1) helping settings transition into compliance with the rule; and (2) modifying or creating state policies, procedures, standards, and contracts to align programs with the rule. MDHHS will also conduct ongoing monitoring activities to ensure continued compliance with the rule.

Section 3: Transition Process: If a setting is unable to come into compliance with the rule, MDHHS will assist individuals with transitioning to a compliant setting.

Section 4: Outreach and Engagement Process: As part of implementing the STP, MDHHS will seek to engage and connect with Michiganders in order to inform the transition process and improve the integration and inclusion of individuals into the community. More details on this process are also included in the Stakeholder Outreach and Engagement Strategy.

Section 1: Assessment Process

Section 1a: Michigan Systemic Assessment

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|---|---|---|--|
| Setting is integrated in, and supports full access of, individual receiving Medicaid HCBS to the greater community to the same degree of access as individuals not receiving Medicaid HCBS. | Silent | Medicaid Provider Manual (MPM) | Team will create a Home and Community Based Services Chapter in the MPM. | Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days) | Start on 11/7/2016 Effective on 10/1/2017 |
| | Compliant | Contract: PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" | The following paragraph was added to Attachment H, page 4 of the MI Choice contract: Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|--------|---|---|--------------|-----------|
| | | Links to the contract and all attachments are in the Document Name box. | <p>2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p>The MI Choice contract can be found online at:</p> <p>MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|-----------------------------|-----------|--|--|--------------------------|--------------------|
| | | | Click on "MED-2017" Click on "show" | | |
| | Compliant | <p>Licensing Rules:</p> <p>Rule 8: R 400.1408 - Resident Care; Licensee Responsibilities</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 303: R 400.14303 - Resident care; licensee responsibilities.</p> <p>Rule 304: R 400.14304 - Resident rights; licensee responsibilities.</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 303: R 400.15303 Resident care; licensee responsibilities.</p> <p>Rule 304: R 400.15304 Resident rights; licensee responsibilities.</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> | | | |
| The setting includes | Compliant | Medicaid Provider Manual: service definition for supported employment | Team will create a Home and Community | Internal work and review | Start on 11/7/2016 |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|--|------------------------------------|---|------------------------|
| opportunities to seek employment and work in competitive integrated settings to the same degree of access as individuals not receiving Medicaid HCBS. | | (pg. 121 - Community-based, taking place in integrated work settings). Medicaid provider Manual | Based Services Chapter in the MPM. | Policy promulgation Engage in public comment Publish policy (takes 120-180 days) | Effective on 10/1/2017 |
| | Compliant | Contract: PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box. | | | |
| | Compliant | Licensing Rules: Rule 8: R 400.1408 – Resident Care; Licensee Responsibility | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|--------|---|----------------------|--------------|-----------|
| | | Licensing Rules for Adult Foster Care Family Homes Rule 303: R 400.14303 - Resident care; licensee responsibilities. Licensing Rules for Adult Foster Care Small Group Homes (12 or Less) Rule 303: R 400.15303 Resident care; licensee responsibilities. Licensing Rules Adult Foster Care Large Group Homes | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|---|----------------------|--------------|-----------|
| The setting includes opportunities to engage in community life to the same degree of access as individuals not receiving Medicaid HCBS. | Compliant | <p>Licensing Rules:</p> <p>Rule 8: R 400.1408 – Resident Care; Licensee Responsibility</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 303: R 400.14303- Resident care; licensee responsibilities</p> <p>Rule 304: R 400.14304 - Resident rights; licensee responsibilities.</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 303: R 400.15303 - Resident care; licensee responsibilities</p> <p>Rule 304: R 400.15304 - Resident rights; licensee responsibilities.</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|--|--|--|---|
| | Compliant | <p>Contract:</p> <p>PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract</p> <p>MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> | | | |
| | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | <p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p> | <p>Start on 11/7/2016</p> <p>Effective on 10/1/2017</p> |
| The setting includes opportunities to control | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | <p>Internal work and review</p> <p>Policy promulgation</p> | Start on 11/7/2016 |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|---|----------------------|--|------------------------|
| personal resources to the same degree of access as individuals not receiving Medicaid HCBS. | | | | Engage in public comment Publish policy (takes 120-180 days) | Effective on 10/1/2017 |
| | Compliant | MCL 330.1728 - Personal property: mcl-330-1728 MCL 330.1730 – Access to Money: mcl-330-1730 | | | |
| | Compliant | Contract: PIHP Contract for 1915 (b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box. | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|---|----------------------|--------------|-----------|
| | Compliant | <p>Licensing Rules:</p> <p>Rule 8: R 400.1408 – Resident Care; Licensee Responsibility</p> <p>Rule 21: R 400.1421 Handling of resident funds and valuables.</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 301: R 400.14301(6)(K) - Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 315: R 400.14315 – Handling of resident funds and valuables</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement;</p> | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|--|--|--|---|
| | | <p>physician's instructions; health care appraisal.</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> <p>Rule 315: R 400.15315 Handling of resident funds and valuables.</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> | | | |
| The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | <p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p> | <p>Start on 11/7/2016</p> <p>Effective on 10/1/2017</p> |
| | Compliant | <p>Contract:</p> <p>PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract</p> <p>MI Choice Contract - Attachment K: Supports Coordination Performance</p> | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|---|--------|--|----------------------|--------------|-----------|
| individual's needs, preferences, and, for residential settings, resources available for room and board. | | Standards and MI Choice Operating Criteria MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" | | | |
| | Silent | Licensing Rules: Rule 7: R 400.1407(12) through (15) – Resident Admission and Discharge Criteria; Resident Assessment Plan; Resident Care Agreement; House Guidelines; Fee Schedule; Physician's Instructions; Health Care Appraisal Licensing Rules for Adult Foster Care Family Homes Rule 301: R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal. Licensing Rules for Adult Foster Care Small Group Homes (12 or Less) Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|--|----------------------|--------------|-----------|
| | | <p>physician's instructions; health care appraisal.</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> | | | |
| | Compliant | <p>Michigan Person-Centered Planning Policy and Practice Guideline:</p> <p>Individual Plan of Services: In addition, documentation maintained by the</p> <p>CMHSP within the Individual Plan of Service must include: (1) A description of the individual's strengths, abilities, goals, plans, hopes, interests, preferences and natural supports</p> <p>Michigan Person-Centered Planning Policy and Practice Guideline</p> <p>Michigan Self-Determination Policy & Practice Guideline</p> <p>Page 14: definitions on "Freedom" and "Self-determination":</p> <p>Michigan Self-Determination Policy & Practice Guideline</p> | | | |
| | Compliant | <p>MCL 330.1712 - Individualized Written Plan of Services</p> <p>mcl-330-1712</p> | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|---|--|--|---|
| | | <p>MCL 330.1700 (g) – Definitions:</p> <p>“Person-centered planning” means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.</p> <p>MCL 330.1700</p> | | | |
| <p>An individual's essential personal rights of privacy, dignity, respect, and freedom from coercion and restraint are protected.</p> | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | <p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p> | <p>Start on 11/7/2016</p> <p>Effective on 10/1/2017</p> |
| | Compliant | <p>MCL 330.1740 - Physical restraint mcl-330-1740</p> <p>MCL 330.1742 – Seclusion mcl-330-1742</p> <p>MCL 330.1748 - Confidentiality</p> | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|---|----------------------|--------------|-----------|
| | | mcl-330-1748 MCL 330.1752 - Policies and Procedures mcl-330-1752 | | | |
| | Compliant | Licensing Rules: Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 12: 400.1412 – Resident Behavior Management; Prohibitions Licensing Rules for Adult Foster Care Family Homes Rule 304: 400.15304 - Resident Rights; Licensee Responsibilities Licensing Rules Adult Foster Care Large Group Homes Rule 305: R 400.15305 - Resident protection. Licensing Rules Adult Foster Care Large Group Homes Rule 307: R 400.15307 Resident behavior interventions generally Licensing Rules Adult Foster Care Large Group Homes | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|--|----------------------|--------------|-----------|
| | | <p>Rule 308: R 400.15308 Resident behavior interventions prohibitions</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> <p>Rule 304: R 400.14304 - Resident Rights; Licensee Responsibilities</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 305: R 400.14305 - Resident Protection</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 307: R 400.14307 – Resident behavior interventions generally</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 308: R 400.14308 – Resident Behavioral intervention prohibitions Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> | | | |
| | Compliant | <p>Contract:</p> <p>PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract</p> | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|--|--|--|---|
| | | <p>MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> | | | |
| <p>Optimizes, but does not regiment individual initiative, autonomy, and independence in making life choices. This includes, but not limited to, daily activities, physical environment, and with whom to interact.</p> | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | <p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p> | <p>Start on 11/7/2016</p> <p>Effective on 10/1/2017</p> |
| | Compliant | <p>Contract:</p> <p>PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract</p> <p>Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> | <p>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</p> <p>Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings</p> | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|--------|---|---|--------------|-----------|
| | | <p>Click on "show"</p> <p>Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria MI Choice Contract</p> <p>Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> | <p>Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p>MI Choice Contract</p> | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|---|---|--------------|-----------|
| | | | Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box. | | |
| | Compliant | PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices. Michigan Person-Centered Planning Policy and Practice Guideline Michigan Self-Determination Policy & Practice Guideline: Introduction, Page 14: definitions on "Freedom" and "Self-determination": Michigan Self-Determination Policy & Practice Guideline | | | |
| | Compliant | Licensing Rules: Rule 8: R 400.1408 – Resident Care; Licensee Responsibility Licensing Rules for Adult Foster Care Family Homes Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|--|----------------------|--------------|-----------|
| | | Licensing Rules for Adult Foster Care Family Homes Rule 303: R 400.15303 – Resident Care; Licensee Responsibility Licensing Rules Adult Foster Care Large Group Homes Rule 304: R 400.153040 - Resident rights; licensee responsibilities. Licensing Rules Adult Foster Care Large Group Homes Rule 303: R 400.14303 - Resident Care; Licensee Responsibilities Rule 304: R 400.14303 - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Small Group Homes (12 or Less) | | | |
| Individual choice regarding services and supports, and who provides them, is facilitated. | Compliant | MCL 330.1712 - Individualized Written Plan of Services mcl-330-1712 Michigan Self-Determination Policy & Practice Guideline: Introduction, Page 14: definitions on “Freedom” and “Self-determination”: Michigan Self-Determination Policy & Practice Guideline | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|---|--|--|---|
| | Compliant | <p>Medicaid Provider Manual: 2.4 STAFF PROVIDER QUALIFICATIONS: Providers of specialty services and supports (including state plan, HSW, and additional/B3) are chosen by the beneficiary and others assisting him/her during the person-centered planning process, and must meet the staffing qualifications contained in program sections in this chapter.</p> <p>Medicaid provider Manual</p> | Team will create a Home and Community Based Services Chapter in the MPM. | <p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p> | <p>Start on 11/7/2016</p> <p>Effective on 10/1/2017</p> |
| | Compliant | <p>Rule 7: <u>R 400.1407(2) through (6)</u></p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> <p>Rule 301: R 400.14301(6) Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|---|---------------|--|--|---|----------------------|
| | | Licensing Rules for Adult Foster Care Small Group Homes (12 or Less) | | | |
| | Compliant | <p>Contracts:</p> <p>PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract</p> <p>MI Choice Contract - Attachment K: Supports Coordination Performance Standards and MI Choice Operating Criteria MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> | | | |
| Provider owned or controlled residential settings: The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by | Non-compliant | <p>Rule 7: R 400.1407(12) through (15) – Resident Admission and Discharge Criteria; Resident Assessment Plan; Resident Care Agreement; House Guidelines; Fee Schedule; Physician's Instructions; Health Care Appraisal</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 302: R 15302 - Resident admission and discharge policy; house rules;</p> | <p>MDHHS Created an addendum to the current standard residency agreement for adult foster care settings.</p> <p>Joint Guidance</p> | <p>On 10/18/2016, MDHHS Received CMS comments back on the <i>Joint Communication on the HCBS Rule and Licensing Issues</i>.</p> <p>MDHHS will complete new revisions to the <i>Joint Communication on</i></p> | 11/1/2016 – 2/1/2017 |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|--------------------------------|---|--|---|--|
| the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides | | <p>emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge. Licensing Rules Adult Foster Care Large Group Homes</p> <p>Rule 302: R 400.14302 - Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge.</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 22: R 325.1922 admission and retention of residents</p> <p>Licensing Rules for Homes for the Aged</p> | | <i>the HCBS Rule and Licensing Issue.</i> | |
| | <p>Compliant</p> <p>Silent</p> | <p>Contracts:</p> <p>PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract</p> <p>MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract</p> | <p>The following paragraph will be added to Attachment H, page 4 of the MI Choice contract:</p> <p>Each waiver agency and direct service provider must comply with the Federal Home</p> | Add contract amendment | Contract Amendment Effective: 1/1/2017 |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|--------|--|--|--------------|-----------|
| protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law. | | Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" | and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to March 17, 2014 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after March 17, 2014 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|---|-----------|---|--|---|--|
| Provider owned or controlled residential settings: Each individual has privacy in their sleeping or living unit: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors. | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days) | Start on 11/7/2016 Effective on 10/1/2017 |
| | Compliant | Rule 9: 400.1409(1)(p) - Resident Rights; Licensee Responsibilities Licensing Rules for Adult Foster Care Family Homes Rule 407: R 400.14407 – Bathroom Rule 408: R 400.14408 – Bedroom generally. Licensing Rules for Adult Foster Care Small Group Homes (12 or Less) Rule 407: R 400.15407 – Bathroom. Rule 408: R 400.15408 – Bedroom generally. Licensing Rules Adult Foster Care Large Group Homes | | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|---|---|------------------------|--|
| | Compliant | Contracts: PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract | The following paragraph will be added to Attachment H, page 4 of the MI Choice contract: | Add contract amendment | Contract Amendment Effective: 1/1/2017 |
| | Silent | MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" | Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to March 17, 2014 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after March 17, 2014 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|---|-----------|--|---|--|--|
| | | | become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019. | | |
| Provider owned or controlled residential settings: Individuals sharing units have a choice of roommates in that setting. | Compliant | <p>PCP Values and Principles: Every individual has strengths, can express preferences, and can make choices.</p> <p>Michigan Person-Centered Planning Policy and Practice Guideline</p> <p>Michigan Self-Determination Policy & Practice Guideline: Page 14: definitions on "Freedom" and "Self-determination":</p> <p>Michigan Self-Determination Policy & Practice Guideline</p> | | | |
| | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | <p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> | <p>Start on 11/7/2016</p> <p>Effective on 10/01/2017</p> |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|---|--|--|--|
| | | | | Publish policy (takes 120-180 days) | |
| | Compliant | Contract: PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract | The following paragraph was added to Attachment H, page 4 of the MI Choice contract: | Add contract amendment | Contract Amendment Effective: 1/1/2017 |
| | Silent | MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" | Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider | | |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|---------------|---|---|---|---------------------|
| | | | <p>may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p>MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box.</p> | | |
| | Non-compliant | <p>Rule 9: 400.1409 - Resident Rights; Licensee Responsibilities</p> <p>R 400.1431 Bedrooms generally</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> | MDHHS is working with Michigan Licensing and Regulatory Affairs to amend the licensing rule. | Promulgating Adult Foster Care Licensing Rule | By 2018 (24 months) |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|---|-----------|--|----------------------|--------------|-----------|
| | | <p>Rule 301: R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> <p>R 400.14408 Bedrooms generally.</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 301: R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p> <p>R 400.15408 Bedrooms generally.</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> | | | |
| Provider owned or controlled residential settings: Individuals have the freedom to furnish and decorate their sleeping or living units | Compliant | <p>Rule 9: 400.1409(1)(j) - Resident Rights; Licensee Responsibilities</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 410: R 400.14410 – Bedroom furnishings</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> | | | |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--------------------------------------|-----------|---|--|---|--|
| within the lease or other agreement. | | Rule 410: R 400.15410 – Bedroom furnishings Licensing Rules Adult Foster Care Large Group Homes | | | |
| | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days) | Start on 11/7/2016 Effective on 10/1/2017 |
| | Compliant | Contract: PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract | The following paragraph was added to Attachment H, page 4 of the MI Choice contract: | Add contract amendment | Contract Amendment Effective: 1/1/2017 |
| | Silent | MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" | Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|--------|----------------------|---|--------------|-----------|
| | | | <p>2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p>MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show"</p> | | |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|---|--|---|--------------------|
| | | | Links to the contract and all attachments are in the Document Name box. | | |
| Provider owned or controlled residential settings: Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time. | Compliant | <p>Rule 9: 400.1409(1)(h) - Resident Rights; Licensee Responsibilities</p> <p>Rule 19 R 400.1419 Resident nutrition.</p> <p>Licensing Rules for Adult Foster Care Family Homes</p> <p>Rule 304: R 400.14304 - Resident rights; licensee responsibilities</p> <p>Rule 313: R 400.14313 Resident nutrition.</p> <p>Licensing Rules for Adult Foster Care Small Group Homes (12 or Less)</p> <p>Rule 304: R 400.15304 - Resident rights; licensee responsibilities</p> <p>Rule 313: R 400.15313 Resident nutrition.</p> <p>Licensing Rules Adult Foster Care Large Group Homes</p> | | | |
| | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | Internal work and review Policy promulgation | Start on 11/7/2016 |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|-----------|---|--|--|--|
| | | | | Engage in public comment Publish policy (takes 120-180 days) | Effective on 10/1/2017 |
| | Compliant | Contract: PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract | The following paragraph was added to Attachment H, page 4 of the MI Choice contract: | Add contract amendment | Contract Amendment Effective: 1/1/2017 |
| | Silent | MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" | Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 | | |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|-------------------------------------|-----------|---|---|--------------|-----------|
| | | | <p>must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p>The MI Choice contract can be found online at:</p> <p>MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box.</p> | | |
| Provider owned or controlled | Compliant | Rule 9: 400.1409(1)(k) - Resident Rights; Licensee Responsibilities | | | |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|--|-----------|--|---|---|--|
| residential settings: Individuals are able to have visitors of their choosing at any time. | | Licensing Rules for Adult Foster Care Family Homes Rule 304: R 400.14304 Resident rights; licensee responsibilities. Licensing Rules for Adult Foster Care Small Group Homes (12 or Less): (k) Rule 304: R 400.15304 Resident rights; licensee responsibilities. Licensing Rules Adult Foster Care Large Group Homes | | | |
| | Silent | MPM | Team will create a Home and Community Based Services Chapter in the MPM. | Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days) | Start on 11/7/2016 Effective on 10/1/2017 |
| | Compliant | Contract: PIHP Contract for 1915(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract | The following paragraph was added to Attachment H, page 4 of the MI Choice contract: Each waiver agency and direct service provider must comply with the Federal Home | Add contract amendment | Contract Amendment Effective: 1/1/2017 |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|--------|--|---|--------------|-----------|
| | Silent | <p>MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> | <p>and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> | | |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|---|-----------|---|---|---|--|
| | | | MI Choice Contract Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box. | | |
| Locations that have qualities of institutional settings, as determined by the Secretary. Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution. | Silent | Licensing Rule and MPM | Team will create a Home and Community Based Services Chapter in the MPM. | Internal work and review Policy promulgation Engage in public comment Publish policy (takes 120-180 days) | Start on 11/7/16 Effective on 10/1/2017 |
| | Compliant | Contract: PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract MI Choice Contract - Attachment H: Minimum Operating Standards for MI | The following paragraph was added to Attachment H, page 4 of the MI Choice contract: Each waiver agency and direct service provider must comply with the Federal Home and Community Based | Add contract amendment | Contract Amendment Effective: 1/1/2017 |
| | Silent | | | | |

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| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|--------|--|---|--------------|-----------|
| | | <p>Choice Waiver Program Services MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> | <p>Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|---|-----------|---|---|--|---|
| | | | <p>The MI Choice contract can be found online at: MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p> | | |
| Home and community-based settings do not include the following: a nursing facility; institution for mental diseases; an intermediate care facility for individuals with intellectual disabilities; a hospital. | Compliant | MCL 400.703(4): mcl-400-703 | | | |
| | Silent | Licensing rules and MPM | Team will create a Home and Community Based Services Chapter in the MPM. | <p>Internal work and review</p> <p>Policy promulgation</p> <p>Engage in public comment</p> <p>Publish policy</p> <p>(takes 120-180 days)</p> | <p>Start on 11/7/2016</p> <p>Effective on 10/1/2017</p> |
| | Compliant | <p>Contract:</p> <p>PIHP Contract for 19151(b)/(c) waiver program FY17: 18.1.13 HCBS Transition Implementation. PIHP Contract</p> | <p>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</p> <p>Each waiver agency and direct service provider must comply</p> | Add contract amendment | Contract Amendment Effective: 1/1/2017 |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|--------|--|---|--------------|-----------|
| | Silent | <p>MI Choice Contract - Attachment H: Minimum Operating Standards for MI Choice Waiver Program Services MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> | <p>with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be removed from the provider network and will not receive Medicaid reimbursement for services provided to MI</p> | | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Regulation | Status | Codes, Policies, MPM | Remediation Required | Action Steps | *Timeline |
|------------|--------|----------------------|---|--------------|-----------|
| | | | <p>Choice participants after March 17, 2019.</p> <p>The MI Choice contract can be found online at:</p> <p>MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p> | | |

Section 1b: Systemic Assessment

| Section 1b: Systemic Assessment | | | | | | | |
|---------------------------------|--|--|--|------------|----------------------|--|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 1.1 | Children with Serious Emotional Disturbances and the Children's Waiver Program | Review state policies, procedures, and standards | SEDW and CWP settings are presumed compliant with HCBS rules, and therefore it is not necessary to align policies, standards, and requirements http://www.michigan.gov/documents/mdch/ | 12/01/14 | 01/31/15 (Completed) | Licensing standards for residential settings , provider contracts, | MDHHS Federal Compliance Section, BHDDA |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Section 1b: Systemic Assessment | | | | | | | |
|---------------------------------|----------------------|-------------|--|------------|----------|---|------------------|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | CMS Letter on STP 49998 0_7.pdf <ul style="list-style-type: none"> Michigan continues to require that children live in family homes/family foster homes prior to being approved for access to the waiver. MDHHS does not plan to add new setting types to the waiver, so this review is considered complete. | | | site review protocols, waiver policies, provider monitoring protocols | |

Michigan's Statewide Transition Plan for Home and Community-Based Services

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| 1.2 | MI Choice Waiver | Review contracts | <p>MI Choice: Current contracts are silent on the issue. As of FY 2017, all new providers must be in compliance. FY The 2018 contracts will include provider specifications, and the language will be finalized 07/31/17.</p> <p>The following paragraph was added to Attachment H, page 4 of the MI Choice contract:</p> <p>Each waiver agency and direct service provider must comply with the Federal Home and Community Based Services Settings Requirements as specified in 42 CFR §441.301(c)(4). Direct service providers with subcontracts secured prior to September 30, 2015 will have until March 17, 2019 to become fully compliant with this regulation. All direct service providers added to the waiver agency's provider network after September 30, 2015 must be compliant with this ruling before the direct service provider may furnish services to a waiver participant. Direct service providers who fail to become compliant with this regulation by March 17, 2019 will be</p> | MI Choice: 01/01/17 | MI Choice: Review completed 08/31/15; 2018 contracts to be finalized by 07/31/17 | MDHHS/MI Choice Waiver Agent contracts | MSA, BHDDA, waiver entities. |
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|---------------------------------|------------------------------|------------------|---|------------|----------------------|------------------------|------------------------------|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>removed from the provider network and will not receive Medicaid reimbursement for services provided to MI Choice participants after March 17, 2019.</p> <p>The MI Choice contract can be found online at:</p> <p>MI Choice Contract</p> <p>Click on "Medicaid/Care for the Elderly"</p> <p>Click on "MED-2017"</p> <p>Click on "show"</p> <p>Links to the contract and all attachments are in the Document Name box.</p> <p>The revisions will be completed and executed in the contracts during FY 2017. All contracts must be approved by CMS.</p> | 1/1/17 | 7/31/17 | | |
| 1.3.a | Habilitation Supports Waiver | Review contracts | HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements. | 06/01/15 | 10/01/15 - completed | MDHHS/PI HP contracts, | MSA, BHDDA, waiver entities. |
| 1.3.b | MSS&S Waiver - §1915(b)(3) | Review contracts | MSS&S Waiver - §1915(b)(3): The PIHP contracts have been | 6/1/2015 | 10/1/15 - completed | MDHHS/PI HP contracts, | MSA, BHDDA, |

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|---------------------------------|----------------------|---------------------------------|--|---|---|--|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | reviewed and brought into alignment with HCBS settings requirements. | | | | waiver entities. |
| 1.4 | All Waivers | Review Medicaid Provider Manual | The Medicaid Provider Manual is currently silent on the rule. New language will be added by 10/1/2017. | 09/01/14 | 10/1/2017 | Medicaid Provider Manual | MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups |
| 1.5 | MI Choice Waiver | Review waiver application | <p>Submit a Waiver Amendment which includes the MI Choice Transition Plan.</p> <p>The MI Choice Transition Plan will need to be updated once the STP is approved or if another amendment is submitted.</p> | Dependent on Approval for Statewide Transition Plan | Dependent on Approval for Statewide Transition Plan | MI Choice Waiver Application | MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups |

Michigan's Statewide Transition Plan for Home and Community-Based Services

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|---------------------------------|------------------------------|---------------------------|---|--|---|--|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 1.5.a | Habilitation Supports Waiver | Review waiver application | MDHHS submitted the HSW Waiver amendment to CMS following public comment period on the transition plan. MDHHS submitted a 1115 waiver. | 10/1/2014 Dependent on Approval of the 1115 | 12/17/14 Dependent on Approval of the 1115 | HSW_Final_Renewal_Application-10-1-2010.pdf Section 1115 Pathway to Integration Waiver.pdf | MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups |
| 1.5.b | MSS&S Waiver - §1915(b)(3) | Review waiver application | MDHHS submitted an 1115 waiver. | Dependent on Approval of the 1115 | Dependent on Approval of the 1115 | Managed_Specialty_Services_and_Supports_Waiver.pdf Section 1115 Pathway to Integration Waiver.pdf | MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups |

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|---------------------------------|--|---|---|--|--|---------------------------------|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 1.6 | Children with Serious Emotional Disturbances | Submit waiver amendment | <p>MDHHS submitted the SEDW Waiver amendment to CMS following public comment period on the transition plan.</p> <p>MDHHS continues to require that children are living in family homes/family foster homes prior to being approved for access to the waiver program.</p> <p>MDHHS does not plan to add new setting types to the waiver, so this review is considered complete.</p> <p>MDHHS submitted an 1115 waiver.</p> | <p>12/30/14</p> <p>Dependent on Approval of the 1115</p> | <p>12/30/14 - Completed</p> <p>Dependent on Approval of the 1115</p> | Waiver Document | MDHHS Federal Compliance Section, BHDDA, MSA |
| 1.7 | MI Choice Waiver | Review MI Choice Provider Monitoring Tool | The MDHHS Provider Monitoring Tool does not conflict with the rule. The tool was revised on 10/01/15 (for inclusion into FY 2016 MI Choice contract) to include information about whether the setting had gone through the HCBS assessment process and further asking how the setting plans to come into | 09/01/14 | 07/31/17 | Provider Monitoring Tool | MSA, BHDDA, LARA, MDHHS, ORR, waiver entities, providers, waiver participants, advocacy groups |

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|---------------------------------|----------------------|-------------|---|------------|----------|---------|------------------|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>compliance with the rule, if not yet in compliance.</p> <p>Revise the Provider Monitoring Tool by 07/31/17 to include language that requires the setting to be in compliance with the HCBS rule at the time of monitoring. This revised tool will be included with FY 2018 MI Choice contract.</p> | | | | |

Section 1c: Setting Assessment

| Section 1c: Setting Assessment | | | | | | | |
|--------------------------------|------------------------------|---------------------------------------|--|------------|----------------------|---|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 2 | Habilitation Supports Waiver | Develop provider self-assessment tool | BHDDA developed a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate conformity to HCBS rules. The Developmental Disabilities Institute of Wayne State University (DDI) will validate the results of this | 10/01/14 | 04/13/15 – completed | CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, waiver entities, providers, QIC, waiver participants, advocacy groups |

Michigan's Statewide Transition Plan for Home and Community-Based Services

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|--------------------------------|----------------------------|---------------------------------------|--|------------|--------------------|--|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>survey via on-site assessments conducted by trained reviewers. The tool will be incorporated into provider enrollment policy and contracts.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval (pilot project)</p> <p>MDHHS is surveying all residential and non-residential providers in two Phases</p> | 4/1/2016 | 1/31/2017 | | |
| 2.1 | MSS&S Waiver - §1915(b)(3) | Develop provider self-assessment tool | BHDDA developed a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for providers to evaluate conformity to HCBS rules. The tool aligns with the HSW Survey Tool. DDI will validate the results of this survey via on-site assessments conducted by trained reviewers. The tool will be incorporated into | 10/1/14 | 4/13/15 – complete | CMS exploratory tool, state developed assessment tools: <u>Michigan survey tools for all waivers</u> | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, waiver entities, providers, QIC, waiver participants, advocacy groups |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>provider enrollment policy and contracts.</p> <p>The waiver entities will survey all providers for CLS, Skill Building and Supported Employment.</p> | 5/1/2017 | 9/30/2018 | | |
| 3 | Habilitation Supports Waiver | Develop participant survey tool | | 10/01/14 | 04/13/15 - completed | CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW participants |
| 3.1 | MSS&S Waiver - §1915(b)(3) | Develop participant survey tool | | 10/1/14 | 04/13/15 - completed | CMS exploratory tool, state developed assessment tools: Michigan survey tools for all waivers | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, MSS&S W participants |
| 4 | Habilitation Supports Waiver | Develop PIHP survey tool | BHDDA will develop a tool, as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders, for HSW PIHP coordinators to evaluate conformity to and compliance with HCBS rules. The tool will | 10/01/14 | 04/13/2015 (Completed) | CMS exploratory tool, BHDDA developed assessment tools: Michigan | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, DDI, HSW PIHP coordinators |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>be incorporated into provider enrollment policy and contracts.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.</p> | | | survey tools for all waivers | |
| 5 | MI Choice Waiver | Develop MI Choice Waiver survey tool | <p>Develop a tool as guided by the CMS Exploratory Questions Tool and vetted by key stakeholders for waiver agencies to use while evaluating provider conformity to and compliance with HCBS rules.</p> <p>The tools for the MI Choice assessment process will align with the HSW survey tool.</p> | 01/01/15 | 04/01/15 - completed | <p>CMS Exploratory tool, State developed tools:</p> <p>Michigan survey tools for all waivers</p> | BHDDA, MSA, DDI, waiver entities, providers, waiver participants, advocacy groups |
| 6 | Habilitation Supports Waiver | Obtain active list of residential settings | <p>BHDDA will identify the types of HSW residential services and the characteristics of the settings.</p> <p>During the preliminary assessment, MDHHS will draw a random proportionate sample that is statistically significant to</p> | 08/01/14 | 04/01/15 submitted to CMS | WSA and Data Warehouse RLA codes | MDHHS Federal Compliance Section, BHDDA, MSA |

Michigan's Statewide Transition Plan for Home and Community-Based Services

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|--------------------------------|------------------------------|---|---|------------|----------------------------|---|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>the 95% confidence level from the participants who received residential services. The sample will be used for disseminating the PIHP, provider and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan.</p> <p>Completed – The list was submitted to CMS in April 2015</p> | | | | |
| 6.1 | MSS&S Waiver - §1915(b)(3) | The Waiver Entities will obtain active list of providers of CLS, Skill Building and Supported Employment. | Identify the types of §1915(b)(3) services (CLS, Skill Building and Supported Employment) and the characteristics of those services. | 3/1/2017 | 9/30/2018 – Ongoing | Waiver Entity EMR, WSA and Data Warehouse. | Waiver Entities and contracted entities. |
| 7 | Habilitation Supports Waiver | Obtain active list of nonresidential service types | <p>BHDDA identified the types of HSW nonresidential services and the characteristics of the settings.</p> <p>During the preliminary assessment, MDHHS drew a random proportionate sample</p> | 08/01/14 | 04/1/15 (Submitted to CMS) | HCPCS codes of out of home non vocational, pre vocational, and supported employment | MDHHS Federal Compliance Section, BHDDA |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>that was statistically significant to the 95% confidence level from the participants who received non-residential services. The sample was used for disseminating the PIHP, provider and beneficiary surveys that are described in item 5-7 of the Assessment section of the transition plan.</p> <p>Completed – The list was submitted to CMS in April 2015</p> | | | services billed to HSW | |
| 8 | MI Choice Waiver | Identify all provider-controlled and owned residential and non-residential settings | MSA will work with waiver agencies to compile a list of all settings currently used within the MI Choice Waiver. | 07/01/14 | <p>07/31/14 – completed</p> <p>Waiver agencies compiled their own lists, contacted the settings for an initial assessme</p> | Waiver agency provider networks | MDHHS Medicaid LTC Division: HCBS Section and LTC Policy section, MI Choice waiver agencies |

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|--------------------------------|---|---------------------------------------|---|------------|---|---|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | | | nt, and submitted to MDHHS. List was sent to CMS on 04/20/15. | | |
| 9.1 | Children's Waiver Program | Assess settings covered by the waiver | MDHHS conducted a preliminary assessment of the types of CWP residential and non-residential services and the characteristics of the settings. Family homes have presumed compliance with the rule. | 12/01/14 | 03/01/15 - completed | State of Michigan Licensing Law and Rules | MDHHS Federal Compliance Section, BHDDA |
| 9.2 | Children with Serious Emotional Disturbances Waiver | Assess settings covered by the waiver | MDHHS conducted a preliminary assessment of the types of SEDW residential and non-residential services and the characteristics of the settings. Family homes and independent living settings (not provider-owned or operated) have presumed compliance with the rule. Foster Family homes, per licensing rules, also meet the | 12/01/14 | 03/01/15 - completed | State of Michigan Licensing Law and Rules | MDHHS Federal Compliance Section, BHDDA |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>HCBS regulatory requirements. Foster family homes have four or fewer foster children. Supervision and care is done by the foster parent and the child is treated as a family member with the same rights as any other child in the home. As part of the licensing process there is an interview with the parent about expectations and commitment to the child as being a family member. In addition, there is monthly monitoring by the foster care worker via interview with the child. No further assessment or remediation activity is needed.</p> | | | | |
| 10.1 | Habilitation Supports Waiver | Administer survey tools | <p>DDI administered and completed the provider, beneficiary, and CMH/PIHP survey tools as part of the sampling methodology (pilot project).</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential</p> | 04/01/15 | 05/30/15 – completed | BHDDA developed survey tools | MDHHS Federal Compliance & Performance Measurement Section |

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|--------------------------------|----------------------------|-------------------------|--|------------|-----------|------------------------------|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>services providers, that is statistically significant to the 95% confidence interval</p> <p>MDHHS is surveying all residential and non-residential providers in two Phases:</p> <p>Residential Setting includes:</p> <ul style="list-style-type: none"> • Specialized residential homes • General residential home • Private residences that is owned or controlled by the PIHP, CMHSP or the contracted provider. <p>Non- Residential Services includes:</p> <ul style="list-style-type: none"> • Out of Home Non Vocational Habilitation • Prevocational Service • Supported Employment | 4/1/2016 | 1/31/2017 | | |
| 10.2 | MSS&S Waiver - §1915(b)(3) | Administer survey tools | The Waiver Entities will administer and complete the provider tools as part of the survey process. | 3/1/2017 | 9/30/2018 | BHDDA developed survey tools | Waiver entities and contracted entities |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>Services and Settings for beneficiaries age 21 and over who are receiving:</p> <ul style="list-style-type: none"> • CLS in provider owned or controlled settings • Supported Employment • Skill Building | | | | |
| 11.1 | Habilitation Supports Waiver | Administer self-assessment | <p>Waiver providers were required to conduct self- assessments of their settings to determine compliance to new rule or need for corrective action. This included collecting feedback from participants. BHDDA oversaw the process.</p> <p>Sampling Methodology: a random proportionate sample of residential and nonresidential services providers, that is statistically significant to the 95% confidence interval.(pilot project).</p> <p>MDHHS is surveying all residential and non-residential providers in two Phases</p> | <p>04/01/15</p> <p>4/1/16</p> | <p>05/30/15 (Completed)</p> <p>1/31/17</p> | BHDDA developed survey tools, input from providers | BHDDA, providers, DDI, waiver participants, advocacy groups |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 11.2 | MSS&S Waiver - §1915(b)(3) | Administer self-assessment | Waiver providers were required to conduct self-assessments of their settings to determine compliance to new rule or need for corrective action. | 3/1/2017 | 9/30/2017 | BHDDA developed survey tools, input from providers | BHDDA, providers, DDI, advocacy groups |
| 12 | MI Choice Waiver | Assess all settings | <p>In addition to assessments performed by waiver agencies, MDHHS will continue its comprehensive Quality Assurance Review process. This process includes Clinical Quality Assurance Reviews, Home Visits with MI Choice participants, Administrative Quality Assurance Reviews, participant satisfaction surveys, and participant input from the Quality Management Collaboration. Each of these processes will include an examination of provider-controlled settings as appropriate to assure all settings adhere to the ruling.</p> <p>Residential Settings include:</p> | 12/31/15 | 3/31/2017 (ongoing) | Residential and Non-Residential Assessment tools for MI Choice Waiver, Input from providers | MI Choice waiver agencies, provider network, MDHHS Medicaid LTC Division: HCBS Section |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <ul style="list-style-type: none"> ▪ Assisted Living Facilities ▪ Adult Foster Care ▪ Homes for the Aged ▪ Independent Retirement apartments <p>The state provided training to the waiver agencies and to the housing specialists who conduct the on-site assessments in 2014, prior to approval of the MI Choice transition plan provided in the waiver amendment. MI Choice regularly discusses issues related to compliance with waiver agencies during monthly Waiver Director Meetings, bi-weekly conference calls, quarterly Quality Management Collaboration meetings, the distribution of information and through technical assistance as needed when issues occur.</p> | | | | |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>See attached webinar presentations and Q&A document. These documents are available online at:</p> <p>www.michigan.gov/mdhhs</p> <p>Non-Residential Settings include:</p> <ul style="list-style-type: none"> ▪ Adult Day Care sites <p>The state provided training to the waiver agencies and to the housing specialists who conduct the on-site assessments in 2014, prior to approval of the MI Choice transition plan provided in the waiver amendment. MI Choice regularly discusses issues related to compliance with waiver agencies during monthly Waiver Director Meetings, bi-weekly conference calls, quarterly Quality Management Collaboration meetings, the distribution of</p> | | | | |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>information and through technical assistance as needed when issues occur.</p> <p>See attached webinar presentations and Q&A document. These documents are available online at:</p> <p>http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html</p> | | | | |
| 13.1 | Habilitation Supports Waiver | Submission of sampling methodology survey results to BHDDA | All active enrolled HCBS provider and HSW PIHP coordinators will submit the data from the assessment tool to Developmental Disabilities Institute. HSW enrollees will be given the opportunity to submit the assessment tool, with assistance from their family and other natural supports, to BHDDA however will not be required to do so. Survey will | 04/01/15 | 05/30/15 - completed | Assessment tool, Provider Network, PIHP HSW coordinators, beneficiary | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | include a prompt to indicate the relationship of the person assisting, as appropriate. | | | | |
| 13.2 | MSS&S Waiver - §1915(b)(3) | Submission of survey results to BHDDA | All active enrolled HCBS provider and MSS&S Waiver PIHP coordinators will submit the data from the assessment tool to BHDDA. | 3/1/2017 | 9/30/2018 | Assessment tool, Provider Network, HCBS Leads. | Waiver entities and contracted entities. |
| 14 | Habilitation Supports Waiver | Compile and analyze assessment data from the sampling methodology | <p>BHDDA will compile the data from providers, beneficiary, and PIHP HSW coordinators to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS settings requirement.</p> <p>DDI, as an independent organization, will validate the results of this survey by on site assessments conducted by trained reviewers.</p> | 06/01/15 09/01/15 | 09/30/15 - completed 12/31/15 | Self-Assessment tool, data analysis | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider network, QIC |
| 15 | Habilitation Supports Waiver | | BHDDA will present the results of the assessment data to stakeholders and post results on the MDHHS website (pilot project). | 09/01/15 | 11/30/15 – completed | Self-Assessment tool, data analysis | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks, QIC, waiver |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | | | | | participants, waiver entities, advocacy groups |
| 16 | MI Choice Waiver | Compile, analyze, and review assessment data. Report findings to stakeholders. | Compile the data from providers and beneficiaries to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance. MDHHS will present the results of the assessment data to stakeholders. | 01/20/16 | 9/30/17 - ongoing | Self-Assessment tool, data analysis | MSA, waiver entities, providers, waiver participants, and advocacy groups |
| 17 | MI Choice | Determine compliance of residential and non-residential settings. | <p>Participants' private homes are compliant with the Federal requirements.</p> <p>The following settings are non-compliant: hospitals, nursing facilities, and institutions for mental diseases. There are not any MI Choice participants who reside in hospitals, nursing facilities, or institutions for mental diseases. Regulations prohibit enrollment in MI Choice while residing in nursing facility or an institution for mental diseases. Individuals do not</p> | 03/31/16 | 09/30/17 - ongoing | Waiver Agencies, | MSA, waiver entities, providers, waiver participants, and advocacy groups |

| Section 1c: Setting Assessment | | | | | | | |
|--------------------------------|----------------------|-------------|--|------------|----------|---------|------------------|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>reside in hospitals, but may be temporarily admitted for medical treatment.</p> <p>The state provided training to the waiver agencies and to the housing specialists who conduct the on-site assessments in 2014, prior to approval of the MI Choice transition plan provided in the waiver amendment. MI Choice regularly discusses issues related to compliance with waiver agencies during monthly Waiver Director Meetings, bi-weekly conference calls, quarterly Quality Management Collaboration meetings, the distribution of and through technical assistance as needed when issues occur. See attached webinar presentations and Q&A document.</p> | | | | |

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| Section 1c: Setting Assessment | | | | | | | |
|--------------------------------|------------------------------|--------------------------------------|--|------------|---------------------|---------------------------------------|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>This document is available on line at:</p> <p>http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943_4857_5045-16263--,00.html</p> <p>The results of the assessment will be posted in Assessment Results section.</p> <p>Team will create HCBS chapter in MPM under general information to address reverse integration and the final rule.</p> | 01/01/17 | 06/30/17 | | |
| 18.1 | Habilitation Supports Waiver | Assess settings on a statewide basis | PIHPs contract directly with providers. Waiver entities will be required to conduct on-site assessments of each provider setting to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. Waiver entities will report this data to | 4/1/16 | 1/31/2017 - ongoing | Assessment tool, Input from providers | MDHHS Federal Compliance & Contracts Section, BHDDA, MSA, Provider networks, QIC, waiver participants, waiver entities, advocacy groups |

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| Section 1c: Setting Assessment | | | | | | | |
|--------------------------------|----------------------------|--------------------------------------|---|------------|---------------------|---------------------------------------|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>BHDDA. The HSW survey tools will be used for the assessment.</p> <p>Residential Settings to be assessed include:</p> <ul style="list-style-type: none"> ▪ Group Home: Specialized AFC ▪ Group Home: General AFC ▪ Private residence that is owned by the PIHP, CMHSP or the contracted provider <p>Settings to be assessed where Non-Residential Services are delivered include:</p> <ul style="list-style-type: none"> ▪ Out of Home Non Vocational Habilitation ▪ Prevocational Service ▪ Supported Employment | | | | |
| 18.2 | MSS&S Waiver - §1915(b)(3) | Assess settings on a statewide basis | PIHPs contract directly with providers. The waiver entities will be required to conduct on-site assessments of each provider setting to determine compliance to new rule or need for corrective action. This will include collecting feedback from participants. BHDDA will oversee the process. The waiver | 3/1/2017 | 9/30/2018 - ongoing | Assessment tool, Input from providers | Waiver entities and contracted entities. |

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| Section 1c: Setting Assessment | | | | | | | |
|--------------------------------|------------------------------|---|---|------------|-----------|-------------------------------------|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>entities will report this data to BHDDA. The §1915(b) (3) survey tools will be used for the assessment.</p> <p>Assessment of providers for beneficiaries age 21 and over include:</p> <ul style="list-style-type: none"> ▪ Supported Employment ▪ Skill Building ▪ CLS in provider owned or controlled settings | | | | |
| 19.1 | Habilitation Supports Waiver | Compile, analyze, and review assessment data. | MDHHS will compile the data from providers and beneficiaries to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance. | 01/01/16 | 01/01/18 | Self-Assessment tool, data analysis | MSA, waiver entities, providers, waiver participants, and advocacy groups |
| 19.2 | MSS&S Waiver - §1915(b)(3) | Compile, analyze, and review assessment data. | Waiver entities will compile the data from providers to determine those HCBS services providers who meet, do not meet, and could come into compliance with HCBS guidance. | 3/1/2017 | 9/30/2018 | Self-Assessment tool, data analysis | BHDDA, MSA, waiver entities, providers, waiver participants, and advocacy groups |

Section 2: Remediation and Ongoing Monitoring Process

| Section 2: Remediation and Ongoing Monitoring Process | | | | | | | |
|---|------------------------------|---------------------------------------|--|------------|----------------------------------|---------------------|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 21.1 | MI Choice Waiver | Design statewide remediation strategy | MDHHS will design a remedial strategy for settings found to be noncompliant. The strategy includes education and outreach in the form of site surveys, technical assistance and consultation, and corrective action plans. | 12/01/15 | 06/30/16 | CMS HCBS guidelines | BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups |
| 21.2 | Habilitation Supports Waiver | Design statewide remediation strategy | MDHHS will design a remedial strategy for settings found to be noncompliant. The strategy includes education and outreach in the form of site surveys, technical assistance and consultation, and corrective action plans. | 12/01/15 | 06/30/16 | CMS HCBS guidelines | BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups |
| 21.3 | MSS&S Waiver - §1915(b)(3) | Design statewide remediation strategy | MDHHS will design a remedial strategy for settings found to be noncompliant. The strategy includes education and outreach in the form of site surveys, technical assistance and consultation, and corrective action plans. | 12/1/15 | 6/30/2016 | CMS HCBS guidelines | BHDDA, MSA, Waiver Providers, Advocates, MDHHS, LARA, ORR, Waiver participants, advocacy groups |
| 22 | All Waivers | Develop a list of settings based upon | MDHHS will develop a list of those settings that are: • assumed to be in compliance | 12/01/14 | 3/31/2015 Children's' Waivers | CMS HCBS guidelines | BHDDA, MSA, waiver entities, waiver providers, , |

| Section 2: Remediation and Ongoing Monitoring Process | | | | | | | |
|---|----------------------|---------------------------|---|------------|--|---------|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | current compliance status | <ul style="list-style-type: none"> out of compliance (but may come into compliance) <p><u>MI Choice Waiver:</u> As of 11/15/16, MSA has completed initial reviews of 431 settings. 83 were in compliance. 196 do not meet requirements but could come into compliance with HCBS guidance. 152 are presumed to not be in compliance but will be submitted to CMS for heightened scrutiny. All MI Choice assessments are due by 12/31/2015 (completed).</p> <p><u>Habilitation Supports Waiver (HSW):</u> As of 11/9/15, HSW has completed the sample assessment of settings. MDHHS is in the process of validating the sample assessment data. The sample assessment included 727 participants in residential and non-residential settings. The</p> | | (SEDW and CWP) 1/31/2017 for MI Choice Waiver 1/31/2017 for Habilitation Supports Waiver | | MDHHS, LARA, ORR, Waiver participants, advocacy groups |

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|---|----------------------|--|---|------------|-----------|---|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>statewide assessment process will start on 4/1/2016.</p> <p><u>MSS&S Waiver -§1915(b)(3)</u></p> <p>The list will be developed after the statewide assessment process.</p> | 3/1/2017 | 10/1/2018 | | |
| 23.1 | MI Choice Waiver | Update MDHHS policies, procedures, standards, contracts as necessary | <p>Develop and adopt revised policies, procedures, standards, and contracts to address ongoing compliance and monitoring, including adding requirement of using assessment tool as part of provider monitoring, self-assessment, survey tools as well as the site review protocols.</p> <p>These updates may include legislation, administrative rules, and contracting procedures.</p> | 10/01/15 | 03/31/17 | MDHHS staff, waiver policy, provider contracts, monitoring tool | MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |

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|---|------------------------------|--|---|------------|----------|---|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 23.2 | Habilitation Supports Waiver | Update MDHHS policies, procedures, standards, contracts as necessary | <p>Develop and adopt revised policies, procedures, standards, and contracts to address ongoing compliance and monitoring, including adding requirement of using assessment tool as part of provider monitoring, self-assessment, survey tools as well as the site review protocols.</p> <p>These updates may include legislation, administrative rules, and contracting procedures.</p> | 10/01/15 | 03/01/17 | MDHHS staff, waiver policy, provider contracts, monitoring tool | MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |
| 23.3 | MSS&S Waiver - §1915(b)(3) | Update MDHHS policies, procedures, standards, contracts as necessary | <p>Develop and adopt revised policies, procedures, standards, and contracts to address ongoing compliance and monitoring, including adding requirement of using assessment tool as part of provider monitoring, self-assessment, survey tools as well as the site review protocols.</p> | 10/1/15 | 3/01/17 | MDHHS staff, waiver policy, provider contracts, monitoring tool | MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |

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|---|----------------------|---------------------------|---|------------|----------------------|--|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | These updates may include legislation, administrative rules, and contracting procedures. | | | | |
| 24 | All waivers | Revise policy | Revise Michigan Medicaid Provider Manual to address new Federal requirements. | 10/01/15 | 03/1/18 | Medicaid Provider Manual | MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |
| 24.1 | All waivers | Revise provider contracts | Revised waiver entity contract to address new requirements. | | | | BHDDA, MSA, waiver entities, waiver providers |
| | | | HSW: The PIHP contracts have been reviewed and brought into alignment with HCBS settings requirements. | 06/01/15 | 10/01/15 - completed | PIHPs' contracts: HSW: MA/PIHP Contract | |
| | | | MI Choice Waiver: Current contracts are silent on the issue. As of FY 2017, all new providers must be in compliance. FY 2018 | 06/01/15 | 07/31/17 | Waiver Agencies' contracts: MI Choice: | |

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|---|----------------------|--|---|------------|----------------------|--|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | contracts will include provider specifications, and the language will be finalized 07/31/17. | | | Link to Current Grants >>Medicaid/Care for the Elderly >>MED-2017 >>Show >>Attachment J – On-Site Provider Reviews | |
| | | | <u>MSS&S Waiver -§1915(b)(3)</u> | 06/01/15 | 10/01/15 - completed | PIHPs' contracts: <u>MA/PIHP Contract</u> | |
| 24.2 | All waivers | Provide technical assistance with licensing issues | <p>MDHHS will work with LARA to provide various types of technical assistance around licensing issues including the following:</p> <ul style="list-style-type: none"> General Licensing Questions: MDHHS and LARA issued a joint communication to address questions around lockable doors and visiting hours in 2015. MDHHS and LARA | 09/01/14 | 2/29/2016 | <p>Residential Agreement Guidance</p> <p>Joint Communication</p> | BHDDA, MSA, waiver entities, waiver providers, waiver participants |

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|---|----------------------|-------------|--|------------|----------|---------|------------------|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>will issue additional guidance on the following issues in 2016: (1) lockable doors; (2) visiting hours; (3) residency agreements and state landlord-tenant law; (4) house rules; (5) choice of providers; (5) freedom of movement; (6) choice of roommate; and (7) access to earned income.</p> <ul style="list-style-type: none"> ▪ Residency Agreements: MDHHS and LARA will create an attachment to residential agreements to address new Federal requirements on participants rights regarding discharge and complaints • On 10/18/2016, MDHHS Received CMS comments back on the <i>Joint Communication on the HCBS Rule and Licensing Issues</i>. MDHHS will | 11/1/2016 | 2/1/2017 | | |

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|---|----------------------|---|--|---|---|--|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | complete new revisions to the document. | | | | |
| 24.3 | MI Choice Waiver | Update Waiver Applications | MDHHS submitted a Waiver Amendment to the MI Choice Waiver Application which included the MI Choice Transition Plan. The MI Choice Transition Plan will need to be updated once the STP is approved or if another amendment is submitted. | Dependent on Approval for Statewide Transition Plan | Dependent on Approval for Statewide Transition Plan | Waiver Application | MSA, LARA, waiver entities, providers, waiver participants, advocacy groups |
| 24.4 | MI Choice Waiver | Create MI Choice Provider Monitoring Tool | MDHHS added the provider assessment tool to the Provider Monitoring Tool in Attachment J of the MI Choice contract. MDHHS also added wording in Attachment J to require waiver agencies to assess whether the provider complies with 42 CFR 441.301(c)(4). The MI Choice contract can be found online at: MI Choice Contract | 01/01/17 | 07/31/17 | Link to Current Grants >>Medicaid/Care for the Elderly >>MED-2017 >>Show >>Attachment J – On-Site Provider Reviews | MSA, BHDDA, LARA, MDHHS Federal Compliance & Contracts Section, QIC, waiver entities, providers, waiver participants, advocacy groups |

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|---|---|---|---|---------------------|--------------------|--|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | Click on "Medicaid/Care for the Elderly" Click on "MED-2017" Click on "show" Links to the contract and all attachments are in the Document Name box. | | | | |
| 25 | MI Choice Waiver, Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3) | Establish requirements for new providers | MDHHS will include language in the contracts of waiver entities and provider manuals to ensure that all new providers are assessed for HCB settings prior to providing services. Upon enrollment in the waiver program, providers who offer HCBS will be provided technical assistance on HCBS setting requirement by MDHHS and waiver entities. This activity will be ongoing. | 01/01/15 | 03/17/17 (ongoing) | Provider monitoring tool and instructions | MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups |
| 26.1 | MI Choice Waiver | Develop and implement corrective action plans for individual non-compliant settings | MDHHS will change the dates as the original dates were not met as projected. Compliance will be determined by 1/1/2017. CAPs started in January 2016 for settings that have been determined out of compliance and notified of | MI Choice: 03/31/17 | MI Choice: 1/01/17 | CMS HCBS guidelines, revised MDHHS policies and procedures, remediation plans for individual | MSA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS |

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|---|----------------------|-------------|--|------------|----------|--------------------------------|------------------|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>such. Once these settings indicate they are in compliance, they will be reassessed to verify compliance.</p> <p>MDHHS has updated the corrective action process for MI Choice waiver agencies. As stated in the Contract, Attachment H, the corrective action process will be as follows:</p> <ol style="list-style-type: none"> 1) MDHHS will notify both the provider and the MI Choice waiver agency regarding the provider's compliance based upon the completed survey tool that was submitted to MDHHS. 2) For providers who are non-compliant, the provider will have 90 days to correct all issues that cause the non-compliance. | | | settings, remediation strategy | |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>3) Once the issues are corrected, the provider will notify the waiver agency and schedule another on-site survey.</p> <p>4) The waiver agency will have 90 days to complete another on-site survey and submit the survey to MDHHS for review.</p> <p>5) If a provider does not notify the waiver agency within 90 days, the waiver agency will contact the provider to determine progress on the corrective action and schedule another on-site visit accordingly.</p> <p>6) If the provider has not satisfactorily resolved the compliance issues, the waiver agency will suspend the provider from receiving new MI</p> | | | | |

| Section 2: Remediation and Ongoing Monitoring Process | | | | | | | |
|---|----------------------|-------------|--|------------|----------|---------|------------------|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | <p>Choice participants until such time as the provider comes into compliance.</p> <p>7) Regardless of the original notification date, all providers in all MI Choice provider networks will be compliant with the ruling no later than September 30, 2018.</p> <p>8) Waiver agencies will start transition plans with individuals being served by non-compliant providers as of October 1, 2018. This planning will be person-centered and will focus on meeting the wishes of each participant regarding their preference of a qualified provider and</p> | | | | |

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|---|------------------------------|---|---|------------|-----------|---------|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | enrollment in the MI Choice program. 9) By March 17, 2019, no MI Choice participants will be served by non-compliant providers. | | | | |
| 26.2 | Habilitation Supports Waiver | Develop and implement corrective action plans for individual non-compliant settings | MDHHS has developed notification letters to notify providers about their out of compliance areas. Waiver entities will start to collect CAPs from the providers 1/1/2017. Once these settings complete remediation activities and indicate they are in compliance with the HCBS final rule, they will be reassessed to verify compliance. | 1/1/2017 | 9/30/2018 | | BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS |
| 26.3 | MSS&S Waiver - §1915(b)(3) | Develop and implement corrective action plans for individual non-compliant settings | Waiver entities will start to collect CAPs from the providers 5/1/2017. Once these settings complete remediation activities and indicate they are in compliance with the HCBS final rule, they will be | 5/1/2017 | 9/30/2018 | | BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS |

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|---|---|--|---|--|--|---------------------------|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | reassessed to verify compliance. | | | | |
| 27.1 | MI Choice Waiver | Notify providers who do not and cannot meet the HCB setting requirements. Notify any affected participants of these providers. | MDHHS will notify providers who are found to not meet and are unable to meet the Federal requirements. These provider types include nursing facilities, hospitals, and institutes for mental diseases. These providers are ineligible to participate in the program. Participants will also be notified that their provider cannot meet requirements. | MI Choice: 06/01/16 | MI Choice: 9/16/18 | Assessment tool responses | MSA, waiver entities, providers, participants, advocacy groups |
| 27.2 | Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3) | Notify providers who do not and cannot meet the HCB setting requirements. Notify any affected participants of these providers. | The waiver entities will notify providers who are found to not meet and are unable to meet the Federal requirements. | HSW: 05/01/17 MSS&S Waiver - §1915(b)(3): 9/01/17 | HSW: 09/16/18 MSS&S Waiver - §1915(b)(3): 9/01/18 | | BHDDA, waiver entities, providers, waiver participants, advocacy groups, MDHHS, LARA, ORR, CMS |
| 28 | MI Choice Waiver and | Create Heightened | MDHHS will create a heightened scrutiny process | 07/01/16 | 01/01/17 | CMS HCBS guidelines | MSA, BHDDA waiver entities, |

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|---|--|---|--|------------|----------|---------------------------|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | Habilitation Supports Waiver, MSS&S Waiver - §1915(b)(3) | Scrutiny Process for Presumed Institutional Settings | for all residential and non-residential settings that are presumed to be institutional in nature. | | | | providers, waiver participants, advocacy groups |
| 29 | All waivers | Notify CMS of any presumptively non-home and community-based settings that do have qualities of home and community-based settings | For settings that are presumed not to be home and community-based, MDHHS will compile a list of settings that do have the qualities of home and community-based settings and do not have the characteristics of an institution. MDHHS will submit this list and any corresponding evidence to CMS for the heightened scrutiny process. | | | Assessment tool responses | BHDDA, MSA, waiver entities, providers, waiver participants, CMS |

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|---|------------------------------|-------------------------|--|-----------------------------------|--------------------------------------|---------------------------|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | MI Choice Waiver | for heightened scrutiny | MSA is currently compiling a list of these settings. MSA will collect evidence including proof that the institution and HCBS setting are separate business entities, do not share staff, and that the HCBS setting is truly home and community based. Evaluations of these settings will be put out for public comment. Once all data and input is gathered, MSA will submit data to CMS for review. | 06/01/16 | 9/30/17 | Assessment tool responses | BHDDA, MSA, waiver entities, providers, waiver participants, CMS |
| | Habilitation Supports Waiver | | <ul style="list-style-type: none"> MDHHS is currently assessing all settings and will compile list of the settings. The settings will be posted for public comments. Once all data is gathered, MDHHS will submit information to CMS for review. | 04/01/15 5/1/2017 7/01/2017 | 4/30/2017 9/30/2017 12/31/2017 | Assessment tool responses | BHDDA, MSA, waiver entities, providers, waiver participants, CMS |

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|---|---|--|---|---|---|---------------------------|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | MSS&S Waiver - §1915(b)(3) | | <ul style="list-style-type: none"> The waiver entities will assess all providers for supported employment, skill building, and CLS and will compile list of the settings. The settings will be posted for public comments. Once all data is gathered, MDHHS will submit information to CMS for review. | 3/1/17 10/1/2017 3/1/2018 | 9/30/2018 12/31/2018 12/31/2018 | Assessment tool responses | BHDDA, MSA, waiver entities, providers, waiver participants, CMS |
| 30 | MI Choice Waiver and Habilitation Supports Waiver | Develop statewide protocols and procedures for site specific reviews | MDHHS will develop protocols and procedures to address ongoing monitoring and compliance. | 10/01/15 | 09/30/16 | MDHHS | BHDDA, MSA, waiver entities, providers, QIC, advocacy groups, waiver participants |
| 31.1 | MI Choice Waiver and Habilitation Supports Waiver | Conduct ongoing monitoring of compliance | MDHHS will incorporate HCBS settings requirements into quality reviews, provider monitoring, and consumer satisfaction surveys to identify areas of non-compliance. This activity will be ongoing. | 10/01/15 | 03/17/19 (ongoing) | | MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups |

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|---|----------------------|-----------------------------|---|------------|---------------------|--|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 31.2 | MI Choice Waiver | Conduct provider monitoring | MSA will incorporate HCBS settings requirements into the MI Choice Provider Monitoring Tool. Waiver agencies will be expected to review settings, on-site, to ensure they meet requirements prior to contracting with them for the MI Choice waiver program. MDHHS will revise the Provider Monitoring Tool by 7/31/2017 to include language that requires each setting to be in compliance with the HCBS rule at the time of monitoring. This revised tool will be included with FY 2018 MI Choice contract. | 10/1/2016 | 3/17/2019 (ongoing) | MI Choice Consumer Satisfaction Survey | MSA, waiver entities, providers, waiver participants, advocacy groups |
| 31.3 | MI Choice Waiver | Conduct quality review | MSA will incorporate HCBS settings requirements into the MI Choice Administrative Quality Assurance Reviews (AQAR) starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract | 10/1/2016 | 3/17/2019 (ongoing) | AQAR Site Review Protocol | MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups |

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| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | with settings that meet requirements and include requirements in their contracts with the settings. | | | | |
| 31.4 | MI Choice Waiver | Conduct MI Choice Consumer Satisfaction Survey | Consumer satisfaction surveys - MSA will add at least one question to the MI Choice Consumer Satisfaction Survey asking if participants they feel the setting they live in is home and community based. | 10/1/2016 | 3/17/2019 (ongoing) | MI Choice Consumer Satisfaction Survey | MSA, BHDDA waiver entities, providers, waiver participants, advocacy groups |
| 31.5 | Habilitation Supports Waiver | Conduct provider monitoring | Waiver entities will incorporate HCBS settings requirements into the HSW Provider Monitoring Tool. Waiver entities will be expected to review settings, on-site, to ensure they meet requirements prior to contracting with them for the HSW program. | 10/1/2017 | 3/17/2019 (ongoing) | Provider Monitoring Tool | MDHHS, waiver entities, providers, waiver participants, advocacy groups |
| 31.6 | MSS&S Waiver - §1915(b)(3) | Conduct provider monitoring | Waiver entities will incorporate HCBS settings requirements into the Provider Monitoring Tool. Waiver entities will be expected to review settings, on-site, to ensure they meet | 10/1/2017 | 3/17/2019 (ongoing) | Provider Monitoring Tool | MDHHS, waiver entities, providers, waiver participants, advocacy groups |

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| Section 2: Remediation and Ongoing Monitoring Process | | | | | | | |
|---|------------------------------|------------------------|---|------------|---------------------|----------------------|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | requirements prior to contracting with them. | | | | |
| 31.7 | Habilitation Supports Waiver | Conduct quality review | MDHHS will incorporate HCBS settings requirements into the Site Review Process starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with providers that meet requirements and include requirements in their contracts with the settings. | 10/1/2016 | 3/17/2019 (ongoing) | Site Review Protocol | MDHHS. waiver entities, providers, waiver participants, advocacy groups |
| 31.8 | MSS&S Waiver - §1915(b)(3) | Conduct quality review | MDHHS will incorporate HCBS settings requirements into the Site Review Process starting in FY 2017 and each year thereafter (this will be ongoing, hence the 3/17/2019 date). This review will include ensuring that waiver agencies only contract with providers that meet requirements and include requirements in their contracts with the settings. | 10/1/2016 | 3/17/2019 (ongoing) | Site Review Protocol | MDHHS. waiver entities, providers, waiver participants, advocacy groups |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Section 2: Remediation and Ongoing Monitoring Process | | | | | | | |
|---|------------------------------|--|---|------------|----------|-----------------------|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 31.9 | Habilitation Supports Waiver | BHDDA site review team will assess for ongoing compliance of HCBS settings in residential and nonresidential settings | Amend BHDDA site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings. | 10/01/15 | 03/01/19 | Site Review protocols | MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC |
| 31.10 | MSS&S Waiver - §1915(b)(3) | BHDDA site review team will assess for ongoing compliance of providers for supported employment, skill building and CLS. | Amend BHDDA site review team protocols to include a review of HCBS characteristics in HSW residential and non-residential settings. | 10/1/15 | 3/1/19 | Site Review protocols | MDHHS Federal Compliance and contracts Section, BHDDA, MSA, waiver entities, providers, QIC |

Section 3: Transition Process

| Section 3: Transition Process | | | | | | | |
|-------------------------------|------------------------------|--|---|------------|-----------|--|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 32.1 | MI Choice Waiver | Assist participants in non-compliant settings with transition to compliant setting | If after initial assessment any settings are found to be not in compliance and unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program. | 1/1/2016 | 3/17/2019 | Provider network listings, assessment data | MSA, MI Choice Waiver agents, waiver participants, advocacy groups |
| 32.2 | Habilitation Supports Waiver | Assist participants in non-compliant setting with transition to compliant setting | If after initial assessment any settings are found to be not in compliance and unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program. | 03/01/17 | 3/17/19 | Provider network listings, assessment data | MDHHS, waiver participants, waiver entities, advocacy groups |
| 32.3 | MSS&S Waiver - §1915(b)(3) | Assist participants in non-compliant setting with transition to compliant setting | If after initial assessment any settings are found to be not in compliance and unable to come into compliance, participants will be given the option to either transition to a new setting within their service area or terminate from the waiver services (CLS, Skill Building, and Supported Employment). | 10/1/2017 | 3/17/19 | Provider network listings, assessment data | MDHHS, waiver participants, waiver entities, advocacy groups |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Section 3: Transition Process | | | | | | | |
|-------------------------------|---|--------------------|--|------------|----------|--|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 33 | MI Choice Waiver, Habilitation Supports Waiver and MSS&S Waiver - §1915(b)(3) | Ongoing transition | MDHHS will work with waiver agencies to remain in compliance. For those that are unable to remain in compliance, participants will be given the option to either transition to a new setting within their service area or disenroll from the waiver program. | 3/17/19 | Ongoing | Provider network listings, assessment data | MSA, BHDDA, waiver entities, waiver participants, advocacy groups |

Section 4: Outreach and Engagement Process

| Section 4: Outreach and Engagement | | | | | | | |
|------------------------------------|----------------------|---|--|------------|----------------------|---|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 34 | All waivers | Hold stakeholder meetings to develop and inform Statewide Transition Plan | MDHHS has participated in a wide variety of meetings to share information across programs, gather stakeholder concerns, and incorporate them into our Statewide Transition Plan. MDHHS will continue to meet with stakeholders through several ongoing forums. Details on stakeholder engagement efforts can be found in the Stakeholder Engagement and Outreach Strategy in this STP. | 8/12/14 | Ongoing | CMS written guidance, MDHHS staff, data analysis | MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups |
| 35 | All waivers | Create and distribute public notice for Statewide Transition Plan | MDHHS notified stakeholders that a draft transition plan had been developed to address new rule that included links to the full plan and the waiver amendment document. Notices included MDHHS website postings and mailings. | 11/24/14 | 12/24/14 (Completed) | Draft transition plan, waiver amendment document, MDHHS website, policy, stakeholder letter | MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups |
| 36 | All waivers | Collect and distribute public comment to stakeholders | MDHHS collected public comments on the draft transition plan through multiple methods including e-mail, US mail, and stakeholder meetings. MDHHS made appropriate changes to | 11/24/14 | 12/24/14 (Completed) | E-mail comments, US mail, meeting minutes, MDHHS website | MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Section 4: Outreach and Engagement | | | | | | | |
|------------------------------------|----------------------|--|---|------------|----------------------|--|--|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| | | | the plan and posted comments and responses on the MDHHS website. | | | | |
| 37 | All waivers | Revise Transition Plan and post on MDHHS website | MDHHS incorporated appropriate changes to Transition Plan based on public comments and posted rationale for substantive change to the plan. The plan and comments are available on the MDHHS website. | 12/25/14 | 01/16/15 (Completed) | Draft transition plan, modified transition plan, public comments notes, responses, MDHHS website | MSA, BHDDA, waiver entities, providers, waiver participants, advocacy groups |
| 38 | All waivers | Submit initial Transition Plan to CMS | MDHHS submitted the initial Transition Plan and summary of comments to CMS for approval. | 01/16/15 | 01/16/15 (Completed) | Draft Transition Plan and comments from public | MSA, BHDDA, and CMS |
| 39 | All waivers | Revise STP to include systemic assessment/remediation and inclusion of §1915(b)(3) settings. | Development of revised STP for initial approval by CMS. | 09/01/16 | 12/1/16 | Assessment results, key stakeholder input results | MDHHS, waiver entities, providers, advocacy groups, waiver participants |
| 40 | All waivers | Conduct public comment on revised STP | Public comment period for the revised STP | 12/01/16 | 01/03/17 | Revised STP | MDHHS, waiver entities, providers, waiver participants, advocacy groups |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Section 4: Outreach and Engagement | | | | | | | |
|------------------------------------|----------------------|---|--|------------|----------|--------------------------------------|---|
| Row # | Applicable Waiver(s) | Action Item | Description | Start Date | End Date | Sources | Key Stakeholders |
| 41 | All waivers | Collect and distribute public comment to stakeholders | Collection of public comments on and make the appropriate changes to revised STP. The responses to the public comment and revised STP will be posted on the MDHHS website. | 1/4/17 | 02/28/17 | Public comments and revised STP | MDHHS, waiver entities, providers, waiver participants, advocacy groups |
| 42 | All waivers | Submit revised STP to CMS | Submission of revised STP and summary of public comments for initial approval by CMS. | 03/31/17 | 03/31/17 | Revised STP and Consultation Summary | MDHHS and CMS |

Other Components of the Statewide Transition Plan

Michigan's Statewide Transition Plan for Home and Community-Based Services

Table of Settings to be Assessed

| Waiver | Type of Setting | Residential or Non-Residential | Number of Individuals | Number of Settings | Lead Agency | Survey Organization | Final Compliance Date |
|------------------------------|---|--------------------------------|-----------------------|--------------------|---|--------------------------------------|-----------------------|
| Habilitation Supports Waiver | Group Home: Specialized AFC | Residential | 4069* | ** | Behavioral Health and Developmental Disabilities Administration | Developmental Disabilities Institute | 9/16/2018 |
| Habilitation Supports Waiver | Group Home: General AFC | Residential | 88* | ** | Behavioral Health and Developmental Disabilities Administration | Developmental Disabilities Institute | 9/16/2018 |
| Habilitation Supports Waiver | Private residence that is owned by the PIHP, CMHSP or the contracted provider | Residential | 191* | ** | Behavioral Health and Developmental Disabilities Administration | Developmental Disabilities Institute | 9/16/2018 |
| Habilitation Supports Waiver | Out of Home Non Vocational Habilitation | Non-Residential | 2358* | ** | Behavioral Health and Developmental Disabilities Administration | Developmental Disabilities Institute | 9/16/2018 |
| Habilitation Supports Waiver | Prevocational Service | Non-Residential | 456* | ** | Behavioral Health and Developmental Disabilities Administration | Developmental Disabilities Institute | 9/16/2018 |
| Habilitation Supports Waiver | Supported Employment | Non-Residential | 200* | ** | Behavioral Health and Developmental Disabilities Administration | Developmental Disabilities Institute | 9/16/2018 |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Waiver | Type of Setting | Residential or Non-Residential | Number of Individuals | Number of Settings | Lead Agency | Survey Organization | Final Compliance Date |
|--|---|---------------------------------|-----------------------|--------------------|---|--------------------------------|-----------------------|
| Managed Specialty Services and Supports Waiver Program - §1915(b)(3) | Settings for beneficiaries age 21 and over who are receiving CLS in provider owned or controlled settings, Supported Employment, and Skill Building | Residential and Non-Residential | TBD** | TBD** | Behavioral Health and Developmental Disabilities Administration | Prepaid Inpatient Health Plans | 9/16/2018 |
| MI Choice | Adult Foster Care | Residential | 692*** | 300*** | Medical Services Administration | MI Choice Waiver Agency | 9/16/2018 |
| MI Choice | Homes for the Aged | Residential | 330*** | 51*** | Medical Services Administration | MI Choice Waiver Agency | 9/16/2018 |
| MI Choice | Assisted Living | Residential | 198*** | 35*** | Medical Services Administration | MI Choice Waiver Agency | 9/16/2018 |
| MI Choice | Independent Living | Residential | 40*** | 11*** | Medical Services Administration | MI Choice Waiver Agency | 9/17/2018 |
| MI Choice | Adult Day Center | Non-Residential | 128*** | 27*** | Medical Services Administration | MI Choice Waiver Agency | 9/16/2018 |

- * Figures for the HSW are as of 11/31/2015.
- ** MDHHS is still calculating the number of settings based on the result from the Statewide Assessment Process.
- *** Figures for MI Choice settings are as of 12/11/2015.

Assessment Results

MI Choice Waiver

MDHHS has started the statewide assessment process for all settings under the MI Choice Waiver. MDHHS has been working with Michigan's MI Choice Waiver agents to identify and assess all settings under the waiver. MDHHS expects this process to be concluded by December 31, 2015. The preliminary results from the statewide assessment process are included below.

The assessment results have been loaded into an access database. When, based on the assessment responses, the setting does not meet requirements, a letter is sent that identifies what needs to be done to become compliant (i.e. what the CAP must contain). The setting has 90 days to execute the CAP. After 90 days, the setting will be reassessed to determine if the CAP was executed properly. If so, a letter is issued to the provider and waiver agency to indicate compliance with the rule.

| MI Choice Waiver | |
|--|----------------------------------|
| Current Assessment Status | Statewide Assessment in Progress |
| Assessment Time Period | 4/1/2015 – 12/31/2015 |
| Date That Summary Data Was Compiled | 11/15/2016 |
| Start Date for Heightened Scrutiny Process | 3/31/2017 |

| Assessment Status | Residential | Percent | Non-Residential | Percent |
|---|--------------------|-------------------------|------------------------|------------------------|
| Total Settings That Have Been Assessed and Submitted to MDHHS | 665 | 100% | 55 | 100% |
| Assessments That Have Been Reviewed by MDHHS | 431 | 65 % of total submitted | 15 | 27% of total submitted |

| Assessment Status | Residential | Percent | Non-Residential | Percent |
|-----------------------------|-------------|------------------------------|-----------------|-----------------------------------|
| Currently In Compliance | 83 | 19% of assessments reviewed | 8 | 53% of total assessments reviewed |
| Could Come Into Compliance | 196 | 45 % of assessments reviewed | 1 | 6% of total assessments reviewed |
| Require Heightened Scrutiny | 152 | 35 % of assessments reviewed | 7 | 47% of total assessments reviewed |

Habilitation Supports Waiver

Pilot Project: MDHHS used a sampling process to get a better understanding of how the final rule will affect settings under the Habilitation Supports Waiver. MDHHS only surveyed a sample of settings as opposed to all settings under the Habilitation Supports Waiver. The results of the assessment will be used to evaluate the accuracy of the survey tools and inform the development of the Statewide Assessment Process. The data and information about this project can be found at: <http://ddi.wayne.edu/hcbs.php> under the Survey Section.

Full Assessment: In April 2016, MDHHS started to assess all residential and non residential providers. The assessment will be divided into two Phases. :

| HSW | |
|--|---|
| Current Assessment Status | Statewide Assessment in Progress |
| Assessment Time Period | Phase One: 4/1/2016 – 8/4/2016 Phase Two: 11/18/2016 – 1/31/2017 |
| Date That Summary Data Was Compiled | 11/17/2016 |
| Start Date for Heightened Scrutiny Process | TBD |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| Types of Surveys | Number of Surveys Completed in Phase One | Number of Surveys to be competed in Phase Two |
|--------------------------|---|--|
| Residential Provider | 1798 | 2634 |
| Non-Residential Provider | 1418 | 1961 |
| Participant | 2697 | 3048 |

Process for Settings Presumed Not To Be Home and Community-Based

Under the rule, some settings may have institutional qualities and may be presumed not to be Home and Community-Based. Settings that fall into this category must be evaluated for compliance by the MDHHS. For settings that appear NOT to fit the definition of being home and community-based, MDHHS must decide whether to apply for special consideration from CMS. If MDHHS believes that a setting is home and community-based, even though it *appears* to have the qualities of an institution, then MDHHS may submit evidence proving its case to CMS in a process called “heightened scrutiny”. In the “heightened scrutiny” process, CMS takes a second look at the setting in question and weighs the evidence submitted to determine if the setting can be considered home and community-based. The state must prove to CMS that a particular setting has the qualities of a home and community-based setting and provides services and supports that promote independence and integration with the broader community.

Flowcharts for the Heightened Scrutiny Process

The attached flowcharts depicts the process for determining (1) if a setting fits the home and community-based definition and (2) whether MDHHS will apply for “heightened scrutiny” for the settings that are presumed not to be home and community-based. The flowchart is based on the assessment tools sent to beneficiaries, providers, and health plans. The “tiers” in the MI Choice and Habilitation Supports Waivers flowcharts (charts 1 and 2) correlate with questions from the surveys. The “heightened scrutiny” flowcharts (charts 3 and 4) are based on guidance issued by CMS.

Charts 1 and 2: Identification of Settings that are Presumed Not To Be Home and Community-Based

Chart 1 will be used by the MI Choice Waiver, and Chart 2 will be used by the Habilitation Supports Waiver.

Tier 1: Tier 1 splits the flowchart into **two paths for residential and non-residential settings** (top and bottom, respectively).

Residential Settings

Tier 2: The residential setting path begins with Tier 2, which examines whether the physical location of the setting is part of or attached to an institution. If the setting's location is part of or attached to an institution, then the setting is

automatically presumed not to be home and community-Based and must move immediately to Tier 5. If the respondent answers NO to both categories in Tier 2, then move to Tier 3.

Tier 3: Tier 3 examines if a setting is disability-specific and has any of the isolating qualities of an institution. If a setting **is not** disability-specific and **does not** have any of the qualities of an institution listed in the tier, then the setting is presumed to be home and community-based and **the setting will not require the “heightened scrutiny” process**. If a setting **does** have any of the isolating qualities of an institution listed in the question, then the chart moves to Tier 4.

Tier 4: Tier 4 examines if a setting provides individuals with a certain level of independence and integration within the broader community in accordance with the final rule. If a setting has all four characteristics listed in the question, then the setting is presumed to be home and community-based. **These settings will not require the “heightened scrutiny” process**. If a setting does not have all of the characteristics listed in the tier, then it moves to Tier 5 **where it is presumed not to be home and community-based**.

Tier 5: Once a setting arrives at Tier 5, it is presumed not to be home and community-based, and MDHHS must consider whether to apply for “heightened scrutiny” from CMS to overcome this presumption. This process is depicted on chart 3 entitled “Heightened Scrutiny Process Overview”.

Non-Residential Settings

Tier 2: The non-residential setting path begins with Tier 2, which examines if the setting is located in the same building or on the same campus as an institutional treatment option. If a setting is located in the same building or on the same campus of an institutional treatment option, then **it is immediately presumed not to be home and community-based** and must move to Tier 5. If a settings is not located in or on the campus of an institution, move to Tier 3.

Tier 3: Tier 3 asks if the non-residential setting is a disability-specific site. Examples of disability-specific sites include workshops for people with disabilities, work crews of people with disabilities, “Day Programs”, etc. If the setting is not a disability-specific site, then the setting is presumed to be home and community-based. **These settings will not require the “heightened scrutiny” process**. If the setting is a disability-specific site, move to Tier 4.

Tier 4: Tier 4 examines if a non-residential setting has characteristics that demonstrate integration with the broader community of people not receiving HCBS. If the non-residential setting has either of the characteristics listed in this tier,

then the setting is presumed to be home and community-based and **the setting will not require the “heightened scrutiny” process**. If the non-residential setting does not have either of the characteristics demonstrating integration, move to Tier 5.

Tier 5: Once a setting arrives at Tier 5, **it is presumed not to be home and community-based**, and MDHHS must consider whether to apply for “heightened scrutiny” from CMS to overcome this presumption. This process is depicted on chart 3 entitled “Heightened Scrutiny Process Overview”.

Heightened Scrutiny Process:

Chart 3 “Heightened Scrutiny Process Overview”

Chart 3 depicts the process for applying to CMS for “heightened scrutiny” of a setting to overcome its presumption of not being home and community-based.

Once a setting is presumed not to be home and community-based, MDHHS, through the person-centered planning process, will ask each participant receiving Medicaid-funded HCBS if they would like to remain in the setting. **If any participant does not wish to remain in the setting, then the appropriate waiver entity will help that participant transfer to a compliant setting regardless of whether his or her current setting applies for “heightened scrutiny”.**

If **any** participant in the setting indicates (through the person-centered planning process) that he or she would like to remain in his or her setting, then MDHHS will ask the setting if they wish to apply for the “heightened scrutiny” process to overcome the setting’s presumption of not being home and community-based.

If a setting **does not** want to apply for the “heightened scrutiny” process, **then the setting can no longer be considered home and community-based. The appropriate waiver entity will help every participant receiving Medicaid-funded HCBS transfer to a compliant setting.**

If a setting **wants** to apply for the “heightened scrutiny” process, MDHHS and the appropriate waiver entity will begin gathering additional information about the setting to determine if it will submit evidence to CMS for “heightened scrutiny”. As part of the information-gathering process, MDHHS will conduct a site visit to the setting. After the site visit, MDHHS will solicit public comment on the setting. The public will have the opportunity to review the evidence collected by the

department and comment on the setting's home and community-based classification. Once the public comment period is finished, MDHHS will review all of the information collected to determine if it will submit its evidence to CMS for "heightened scrutiny". See Chart 4 for the criteria MDHHS will use in making this decision.

If MDHHS decides **not** to submit evidence about a setting to CMS for "heightened scrutiny", **then the setting can no longer be considered home and community-based. The appropriate waiver entity will help every participant receiving Medicaid-funded HCBS transfer to a compliant setting.**

If MDHHS decides to submit evidence about a setting to CMS for "heightened scrutiny", then CMS will review all information related to the setting, including possible input from other federal partners, to determine if the setting has the qualities of a home and community-based setting and does not have the qualities of an institution.

If CMS reviews the evidence and determines that the setting **does not** have the qualities of a home and community-based setting and is institutional in nature, **then the setting can no longer be considered home and community-based. The appropriate waiver entity will help every participant receiving Medicaid-funded HCBS transfer to a compliant setting.**

If CMS reviews the evidence determines that the setting has the qualities of a home and community-based setting and does not have the qualities of an institution, **then the setting is considered home and community-based.***

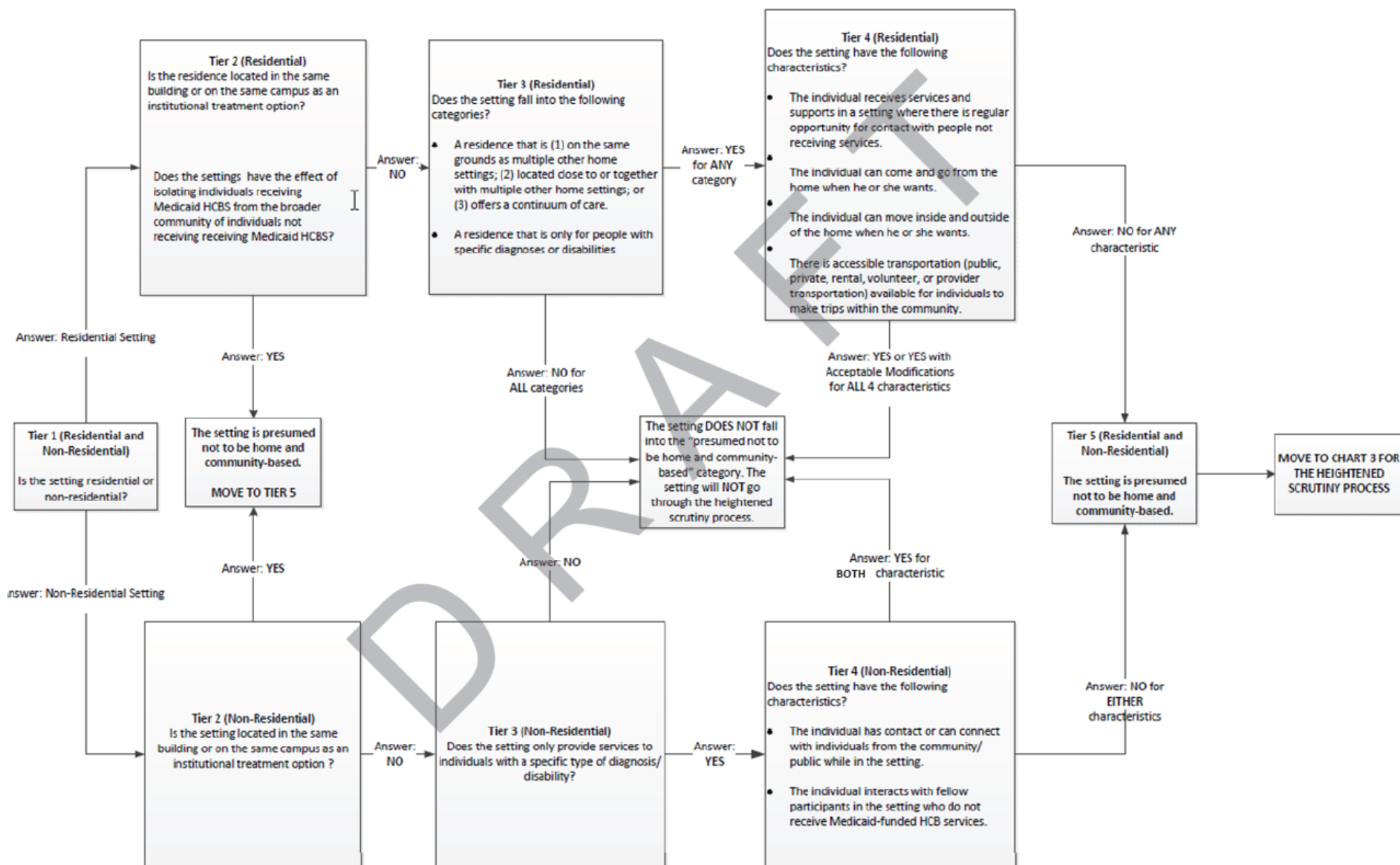
Chart 4 "Heightened Scrutiny Evidence Criteria"

Chart 4 entitled "Heightened Scrutiny Evidence Criteria" describes the criteria MDHHS will use in evaluating if the evidence is sufficient to submit to CMS for "heightened scrutiny". The chart is split into two criterion depending on the reason why the setting is presumed not to be home and community-based.

If the setting is presumed not to be home and community-based because its location appears to be within or connected to an institution or inpatient treatment facility, then the evidence must demonstrate there is a meaningful distinction between the institution or treatment facility and the HCBS setting. The chart lists several examples of how the evidence can demonstrate this distinction.

If the setting is presumed not to be home and community-based because it *appears* to have the effect of isolating the individuals from the broader community, then the evidence must demonstrate that individuals are not isolated. The chart lists several examples of how the evidence can demonstrate the setting does not have the effect of isolating participants from the broader community of individuals not receiving HCBS.

Chart 1: Identification of Settings that are Presumed Not To Be Home and Community-Based (MI Choice Waiver)



**Chart 2: Identification of Settings that are Presumed Not To Be Home and Community-Based
(Habilitation Supports Waiver and the Managed Specialty Services and Supports Waiver Program - §1915(b)(3))**

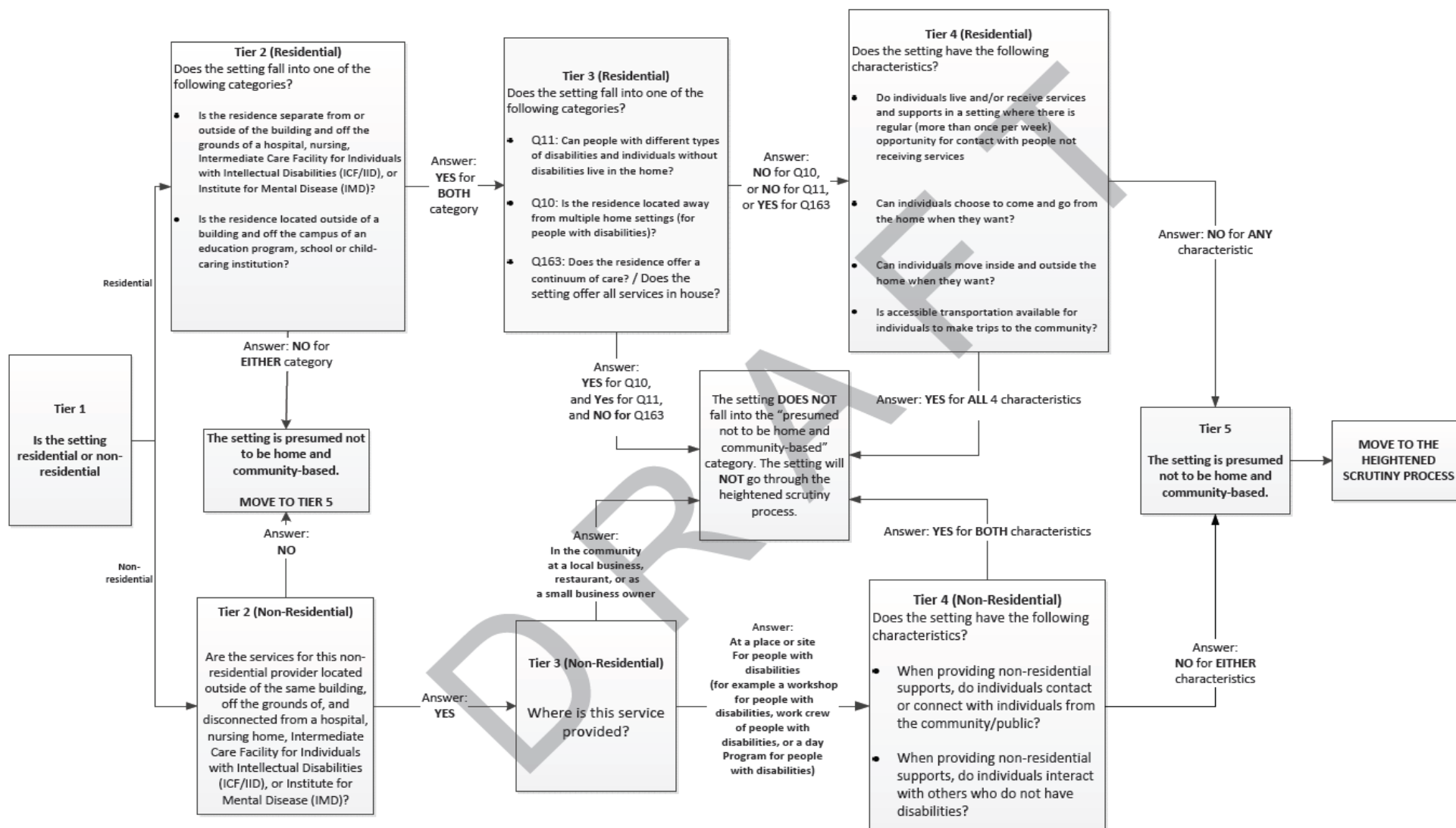


Chart 3: Heightened Scrutiny Process Overview (MI Choice, Habilitation Supports Waiver, and the Managed Specialty Services and Supports Waiver Program - §1915(b)(3))

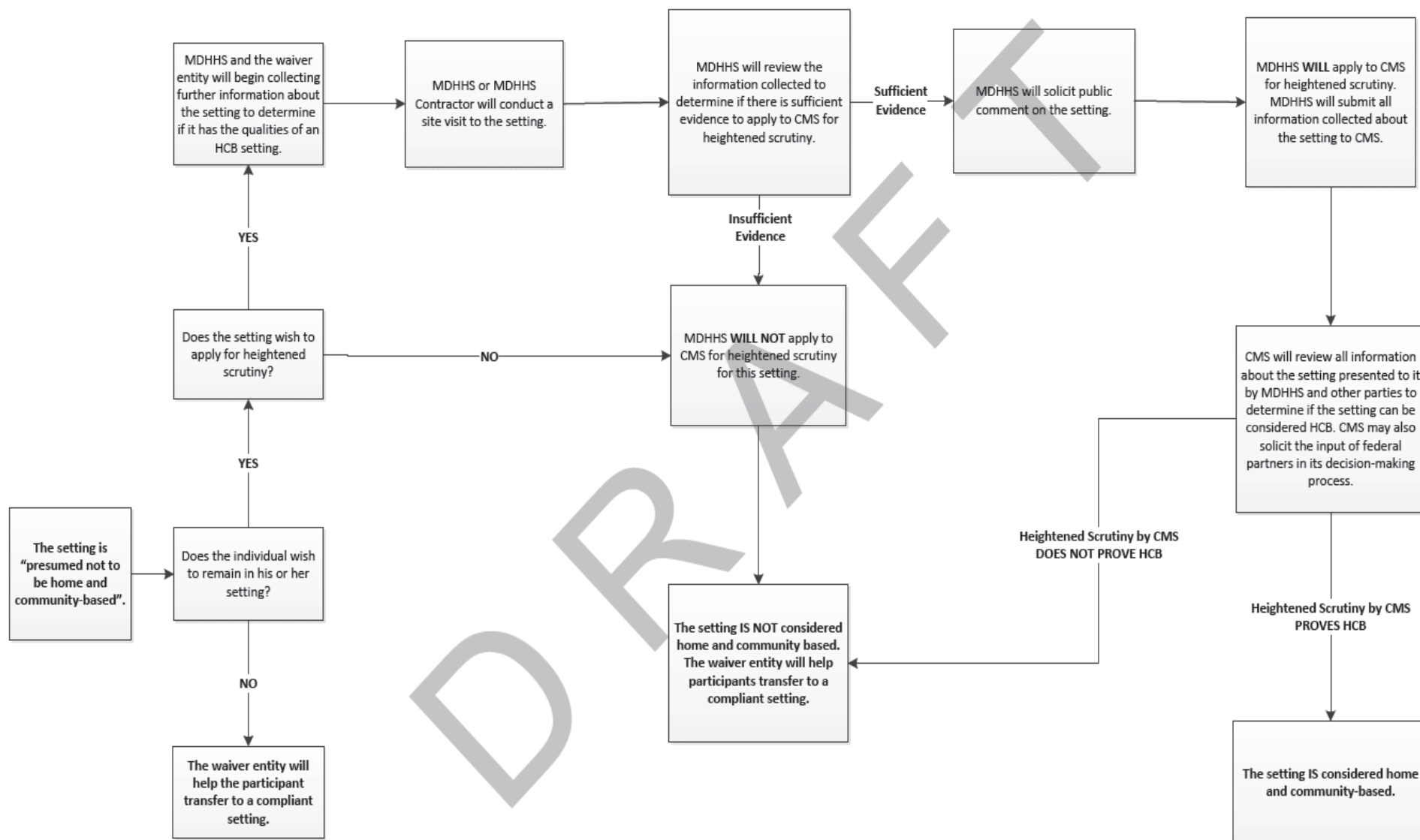
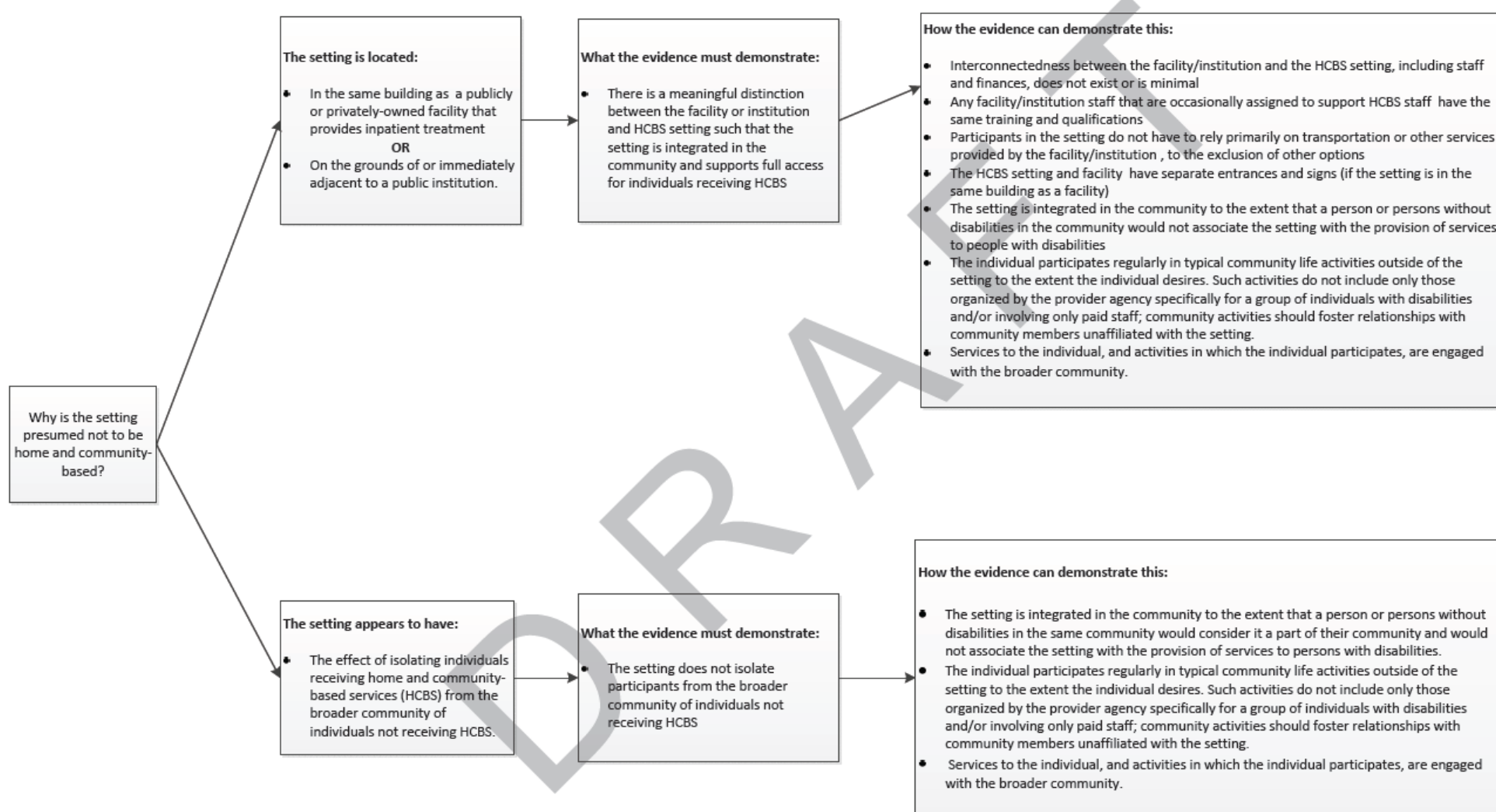


Chart 4: Heightened Scrutiny Evidence Criteria (MI Choice, Habilitation Supports Waiver, and the Managed Specialty Services and Supports Waiver Program - §1915(b)(3))



Stakeholder Engagement and Outreach Strategy

As part of implementing the Statewide Transition Plan, MDHHS will seek to engage Michiganders in a discussion on the Statewide Transition Process. The Stakeholder Outreach and Engagement Strategy outlines MDHHS's historical efforts to engage stakeholders on this issue and provides perspective on MDHHS's ongoing strategy for connecting with Michiganders during the implementation process. MDHHS participated in the following events as part of engaging stakeholders in a statewide discussion on the rule and transition process.

| Event Title | Date |
|---|------------|
| Meeting with Developmental Disability Advocacy Groups | 7/16/2014 |
| Kick-Off Meeting for the Home and Community-Based Services Program Transition Project | 8/12/2014 |
| MI Health Link Demonstration Implementation Meeting | 9/4/2014 |
| LeadingAge Michigan Conference | 9/17/2014 |
| First Webinar for the Home and Community-Based Services Program Transition Project | 10/1/2014 |
| Michigan Developmental Disabilities Council Meeting | 10/10/2014 |
| Michigan Association of Community Mental Health Boards Conference | 10/27/2014 |
| Meeting with Developmental Disabilities Providers | 10/29/2014 |
| Olmstead Coalition Meeting | 11/6/2014 |
| Self-Determination Leadership Implementation Seminar | 11/11/2014 |

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|---|------------|
| Second Webinar for the Home and Community-Based Services Program Transition Project | 11/13/2014 |
| Re:Con Conference | 11/14/2014 |
| Michigan Assisted Living Association Meeting | 11/17/2014 |
| Waiver Conference for the Behavioral Health and Developmental Disabilities Administration | 11/18/2014 |
| Meeting with the Michigan Disability Housing Work Group | 11/20/2014 |
| Start of the Public Comment Period for the Statewide Plan | 11/24/2014 |
| MI Choice Quality Management Collaborative | 12/2/2014 |
| Michigan Center for Assisted Living Meeting | 12/9/2014 |
| End of the Public Comment Period for the Statewide Plan | 12/24/2014 |
| Michigan Developmental Disabilities Council Meeting | 1/6/2015 |
| LeadingAge Training Day | 3/3/2015 |
| MACMHB Provider Alliance Meeting | 3/23/2015 |
| Self-Determination Leadership Meeting | 3/25/2015 |
| Developmental Disability Public Policy Meeting | 4/7/2015 |
| LeadingAge Regulatory Day | 4/29/2015 |
| Oakland County RICC Meeting | 5/8/2015 |

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|--|------------|
| Michigan Developmental Disability Council Meeting | 5/19/2015 |
| HCBS Regional Forum | 6/19/2015 |
| Developmental Disability Practice Improvement Team | 7/8/2015 |
| Michigan Disability Housing Working Group | 7/16/2015 |
| Michigan Assisted Living Association Meeting | 7/17/2015 |
| Developmental Disability Practice Improvement Team | 8/12/2015 |
| Planning and Implementation Summit for the Habilitation Supports Waiver | 9/25/2015 |
| LeadingAge Regulatory Day | 10/22/2015 |
| MACMHB Fall Conference | 10/26/2015 |
| MARO Conference | 11/5/2015 |
| Developmental Disability Practice Improvement Team | 11/12/2015 |
| HCBS Waiver Conference | 11/18/2015 |
| MACMHB Director's Forum | 11/15/2015 |
| Update for the MI Choice Waiver Agents and Integrated Care Organizations | 11/15/2015 |
| Waiver Director's Meeting | 2/24/2016 |
| Autism Council Meeting | 2/26/2016 |
| MACMHB Director's Forum | 3/1/2016 |

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| | |
|--|--|
| Developmental Disability Practice Improvement Team | 3/9/2016 |
| American Association on Intellectual and Developmental Disabilities Conference | 4/16/2016 |
| Implementation Advisory Group Meeting | 7/27/2016, 9/19/2016 11/17/2016 01/19/2017 3/09/2017 |
| Webinar: HCBS reports in WSA | 9/29/2016 |
| DDI: Outreach and Education Materials | 10/5/2016 and 10/12/2016 |
| PIHP Directors' Forum | Monthly 9/2016 - ongoing |
| MACMHB Conference | 10/24/2016 |
| HCBS Waiver Conference | 11/16/2016 |
| MI Choice Bi-Weekly Phone Conference | 11/18/2016 - Ongoing |
| MI Choice Waiver Directors' Meeting | 10/26/2016 – Ongoing |
| PIHP HCBS Lead Meetings | 01/17/2017- Ongoing |
| Provider Alliance Committee | 01/23/2017 |
| Medicaid Autism Webinar | 03/15/2017 |

The Developmental Disabilities Institute Outreach and Education: <http://ddi.wayne.edu/hcbs.php>

Statewide Assessment, Remediation, and Transition Strategy: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html

MDHHS will also continue to engage stakeholders through different ongoing forums, which are outlined below:

- **Habilitation Supports Waiver and the Managed Specialty Services and Supports Waiver Program - §1915(b)(3):** MDHHS will work with the Michigan Association of Community Mental Health Boards to create an ongoing forum for stakeholders to assist and advise MDHHS on the transition process. The new forum, called the Implementation Advisory Group, has launched in May 2016 and continues to meet every other month. MDHHS will also engage and provide updates to stakeholders through the following forums: the Developmental Disabilities Council, the Developmental Disability Practice Improvement Team, the MACMHB Directors' Forum, and the Quality Improvement Collaborative.
- **MI Choice Waiver:** MDHHS will continue to work with the Quality Management Collaborative to review the status of the transition process and develop strategies to improve the implementation of the rule for the MI Choice Waiver.

Version History

| Version Number | Major Changes since Last Version | Public Comment Period | Current Status |
|----------------|---|---|---|
| Version 1.0 | Version 1.0 was the original version of the STP. | The formal public comment period for Version 1.0 was conducted between November 24, 2014 and December 24, 2014. | MDHHS submitted the final draft of Version 1.0 to the CMS on January 16, 2015. CMS responded to Version 1.0 with a list of recommended changes and clarifications in August 2015. |
| Version 2.0 | <p>Version 2.0 included several major updates and revisions to the STP, which include the following:</p> <ol style="list-style-type: none"> 1. Addition of a new introduction section 2. Updates and changes to previous milestones and timelines 3. Addition of new milestones and timelines 4. Addition of systemic assessment 5. Addition of table of settings to be assessed | The formal public comment period for Version 2.0 was conducted between December 16, 2015 and January 22, 2016. | The MDHHS released Version 2.0 of the STP for public comment on December 16, 2015. The public comment period began on December 16, 2015 and will end on January 22, 2016. MDHHS will respond to public comment and submit a revised STP to the CMS by March 11, 2016. |

Michigan's Statewide Transition Plan for Home and Community-Based Services

| | | | |
|-----------------------------|---|--|--|
| | <ol style="list-style-type: none"> 6. Addition of assessment results for the MI Choice Waiver and Habilitation Supports Waiver 7. Addition of the Statewide Assessment, Remediation, and Transition Strategy 8. Addition of the "Presumed Not To Be Home and Community-Based" Process 9. Addition of the stakeholder engagement and outreach strategy | | |
| Version 3.0 and Version 3.1 | <ol style="list-style-type: none"> 1. Revised systemic assessment section 2. Update milestones and timelines 3. Addition of settings for §1915(b)(3) services (skill building, supported employment and CLS) | | |

December 1, 2016

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Interested Party:

RE: Michigan's Revised Statewide Transition Plan for Home and Community-Based Services

The Michigan Department of Health and Human Services (MDHHS) provides Home and Community-Based Services (HCBS) to individuals in the Medicaid program. These services help Michigan citizens with disabilities or other health issues to live at home or in the community. MDHHS offers many of these services through "waivers," which were approved by the Centers for Medicare and Medicaid Services (CMS).

CMS released a new rule for HCBS waivers. MDHHS has six waivers that are impacted by the Final Rule. They are:

- §1915(c) Children's Waiver Program
- §1915(c) Habilitation Supports Waiver
- §1915(c) MI Choice Waiver
- §1915(c) MI Health Link HCBS Waiver Program
- §1915(c) Waiver for Children with Serious Emotional Disturbances
- §1915(b) Managed Specialty Services and Supports Waiver – Settings for §1915(b)(3) Services [Community Living Supports, Skill Building and Supported Employment]

MDHHS developed a Statewide Transition Plan to outline the implementation process for this rule. Since the MI Health Link HCBS Waiver Program was approved by CMS after March 2014, all settings are required to be in immediate compliance with the Final Rule and it is not included in the Statewide Transition Plan.

MDHHS recently revised its Statewide Transition Plan based on feedback from the CMS. The revised Statewide Transition Plan can be found online at: www.michigan.gov/mdhhs >> Assistance Programs >> Health Care Coverage >> Home and Community-Based Services Program Transition >> Revised Statewide Transition Plan.

The revised Statewide Transition Plan will be submitted to CMS for approval on March 31, 2017.

Comments

Any comments regarding the revised Statewide Transition Plan covered by this public notice, or a request for a written copy, may be submitted in writing to HCBSTransition@michigan.gov or by mail to:

Attention: Medicaid Policy
Program Policy Division
Bureau of Medicaid Policy and Health System Innovation
Michigan Department of Health and Human Services
P.O. Box 30479
Lansing, Michigan 48909-7979

MDHHS will be accepting comments until January 3, 2017. All comments on this topic should include a "Statewide Transition Plan Comment" reference somewhere in the written submission or in the subject line if e-mail is used. Stakeholders should only submit comments related to the content of the revised plan at this time. MDHHS will prepare a consultation summary based on these comments, which will be made available at the above website following the end of the comment period. There is no public hearing scheduled for this Statewide Transition Plan.

The revised Statewide Transition Plan will be submitted to CMS for initial approval on March 31, 2017. At that time, it will also be posted online.

We thank you in advance for your participation.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Priest", with a stylized flourish at the end.

Chris Priest, Director
Medical Services Administration

PUBLIC NOTICE
Michigan Department of Health and Human Services
Medical Services Administration

Revised Statewide Transition Plan for Home and Community-Based Services

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MDHHS developed a Statewide Transition Plan to outline the implementation process for this rule. Since MI Health Link HCBS Program was approved by CMS after March 2014 all settings are required to be in immediate compliance with the Final Rule, hence it is not included in the Statewide Transition Plan.

MDHHS revised its Statewide Transition Plan based on feedback from the CMS. The revised Statewide Transition Plan can be found online at: <http://www.michigan.gov/mdhhs> >> Assistance Programs >> Health Care Coverage >> Home and Community-Based Services Program Transition >> Revised Statewide Transition Plan.

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Program Policy Division,
Bureau of Medicaid Policy and Actuarial Services
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B7

ANNOUNCEMENTS
Bands/Music
Lost & Found
Personals



B7

MERCHANDISE
Antiques
Appliances
Garage Sales



-

FINANCIAL
Investments
Stocks
Money to Loan



B7

PETS & FARMS
Dirt & Gravel
Farm Equipment
Livestock & Feed



RECREA
Boats
Camps
Snowm



ANNOUNCEMENTS

FOUND

FOUND - Coohound on 11/17 in vicinity of Fulton State Game Area. Ph 269-778-3768

FOUND - Schoolcraft class ring near Skate Park & Three Rivers (269) 535-0401.

PUBLIC NOTICES

NOTICE OF INTENT TO REQUEST A RELEASE OF FUNDS
November 29, 2016
112 Locust Street
Allegan, MI 49010

TO ALL INTERESTED AGENCIES, GROUPS, AND PERSONS:
On or about December 15, 2016, the City of Allegan will request the state of Michigan to release Federal funds under Title I of the Housing and Community Development Act of 1974 (P.L. 93-383) for the following project:

Green Anchor/Redtail #12 (Project Title or Name)
Restoration (Nature of Project)
420, 412, 410, 404 Water Street
(Location - City, County, State)
(Estimated Cost of Project)
An Environmental Review Record respecting the aforementioned project has been made by the above-named City of Allegan which documents the environmental review of the project. This Environmental Review Record is on file at the above address and is available for public examination and copying upon request between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday.

Please contact Tracy Stull at (269) 673-5511 for further information.
The City of Allegan will undertake the project described above with Community Development Block Grant funds, under Title I of the Housing and Community Development Act of 1974. The City of Allegan is certifying to the State of Michigan that the City of Allegan and Tracy Stull, in her official capacity as Certifying Officer, consent to accept the jurisdiction of the Federal Courts if an action is brought to enforce responsibilities in relation to environmental reviews, decision-making, and action; and that these responsibilities have been satisfied. The legal effect of the certification is that upon its approval, the City of Allegan may use the CDBG funds, and the State of Michigan will have satisfied its responsibilities under the National Environmental Policy Act of 1969.

The State of Michigan will accept an objection to its approval of the release of funds and acceptance of the certification only if it is on one of the following bases: (a) that the certification was not in fact executed by the chief executive officer or other officer of applicant approved by the State of Michigan; or (b) that applicant's environmental review record for the project indicates omission of a required decision, finding, or step applicable to the project in the environmental review process. Objections must be prepared and submitted in accordance with the required procedure (24 CFR Part 58), and may be addressed to the State of Michigan, MEDC, 300 North Washington Square, Lansing, Michigan 48913.

PUBLIC NOTICES

PUBLIC NOTICE
Michigan Department of Health and Human Services
Medical Services Administration

Revised Statewide Transition Plan for Home and Community-Based Services

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- 81915(c) Habilitation Supports Waiver
- 81915(c) MI Choice Waiver
- 81915(c) MI Health Link HCBS Program
- 81915(c) Waiver for Children with Serious Emotional Disturbances
- 81915(b) Managed Specialty Services and Support Waiver - Settings for 81915(b)(3) Services (Community Living Supports, Skill Building and Supported Employment)

MDHHS developed a Statewide Transition Plan to outline the implementation process for this rule. Since MI Health Link HCBS Program was approved by CMS after March 2014 all settings are required to be in immediate compliance with the Final Rule, hence it is not included in the Statewide Transition Plan.

MDHHS revised its Statewide Transition Plan based on feedback from the CMS. The revised Statewide Transition Plan can be found online at <http://www.michigan.gov/mdhhs> >> Assistance Programs >> Health Care Coverage >> Home and Community-Based Services Program Transition >> Revised Statewide Transition Plan.

The revised Statewide Transition Plan will be submitted to CMS for approval on March 31, 2017. It will also be posted online.

Comments
Any comments regarding the revised Statewide Transition Plan covered by this public notice, or a request for a written copy, may be submitted in writing to HCBSTransition@michigan.gov or by mail to:

Attention: Medicaid Policy Program Policy Division, Bureau of Medicaid Policy and Actuarial Services, Michigan Department of Health and Human Services, P.O. Box 30479, Lansing, Michigan 48909-7979

MDHHS will be accepting comments until January 3, 2017. All comments on this topic should include a "Statewide Transition Plan Comment" reference somewhere in the written submission or in the subject line if e-mail is used. Stakeholders should only submit comments related to the content of the Statewide Transition Plan at this time. MDHHS will prepare a consultation summary based on these comments, which will be made available at the end of the comment period. There is no public hearing scheduled for this Statewide Transition Plan.

PUBLIC NOTICES

NOTICE OF PUBLIC SALE
Self-storage Cube contents of the following customers containing household and other goods will be sold for cash by CubeSmart, 1915 S. 11th St., Kalamazoo, MI 49009 to satisfy a lien on December 14th, 2016 at approx. 10:30 AM at www.storage-treasures.com; Drew Hookway, Kashmir Washington, Shelly Prichard, Elijah Harris, Ashley Johnson, Tom Devine

NOTICE OF PUBLIC SALE
Self-storage Cube contents of the following customers containing household and other goods will be sold for cash by CubeSmart, 820 W. Centre Ave., Portage, MI 49024 to satisfy a lien on December 14th, 2016 at approx. 10:45 AM at www.storage-treasures.com; Cheryl Yorks, Jessie Grinwis



MERCHANDISE

AUCTIONS & AUCTIONEERS

THE FOLLOWING VEHICLES will be sold at Public Auction under the authority of MCI Sec. 257.252G on Friday, December 9 at 11 am, 1255 102nd Ave., Plainwell, MI 49080
1998 Ford
1FAFP4444WF100611
2000 Ford
1FAFP5320Y6170920
2004 Audi
WAUPL68EX4A062320
2001 Toyota Pickup
STEPH62N712724263
ALL BIDS WILL START AT ACCUMULATED TOWING & STORAGE FEES

ESTATE SALES

PORTAGE Everything must go! Furniture, household goods, glassware, misc. 9585 Sebring Dr. 49002, Fri, Sat, 8a-4p & Sun, Noon-3.

FIREWOOD & HEATING SUPPLIES



APPLE AND HARDWOOD MIXED. Seasoned. Split. Ready to burn. Delivery available. Call or text 616-262-3160

FIREWOOD Sold by semi load, 20 full cords. Call for price. 989-424-6852



FIREWOOD Split well seasoned oak. Cash n' carry, ask for deals! Have bad back? Lots of return customers. Near Van Buren Co. line. Save this ad! (269) 375-0208

JEWELRY & DIAMONDS

DIAMOND FOR SALE - 1 ct. Also, 3 1/2 ct. Please call 269-778-3768



PETS & FARMS

GOOD THINGS TO EAT



BEST BEEF - Healthiest, hormone & antibiotic free Grass fed Shorthorn processed frozen beef. Buy a reasonable \$4lb. direct from the producer. River side Farm, Pew Pw. Buy 1/4 beef carcass approx 100lbs, each quarter in chunks: everything from steaks to hamburger at a price (\$4lb). Similar meat at retail sell for \$20lb. to steaks & kab. for hamburger. Save a lot of money buying directly from the producer. 100lb. frozen pack ages size for 2 people will fit in a small freezer or in freez er compartment of 2 refri gerators. Call Ted Major (269) 657-4436 to pick up your order.

PETS & SUPPLIES



AUSTRALIAN SHEPHERD PUPPIES - AKC, Tails docked and dewclaws removed. Up to date on vaccinations and deworming. Asking \$80 Please call 616-443-1970

BEAGLES - AKC registered, champion sired puppies, \$500. Please call 616-610-2623

BERNADOODLE PUPPIES - BIK/WHITE F1 & F2 hybrids reduced/non-shedding, hypoallergenic, 1st shots, happy, healthy, smart. loving \$1000 & up. 810-252-3016

BICHON/SHIH TZU MIX (Teddy Bear), shot, wormed, hypoallergenic, no shedding, parents on site Good with kids. Males \$399 females \$499, 616-234-2847

ENGLISH CREAM GOLDEN RETRIEVER PUPPIES Born 12/4. Ready 12/30. male, 1 female. 1st shots dewormed twice. Deposit required/chose 12/2. Parents on site. Call/Brian 231 425-6410. Limited/full reg.

ENGLISH GOLDEN RETRIEVERS - 100% AKC registered, parents imported, males & females, health guarantee, ready to go 1/20, \$2000-\$2500. (989)751-2246

English Springer Spaniel Puppies - AKC, 3 males & 3 females. Asking \$750 per puppy. Call or text Rick at 231-878-3800.



GERMAN SHEPHERD PUPPIES - AKC, OFA. Born Sept 30. Solid Black and Black & Tan. \$1200. Contact Angie! 616-308-0462. FaceBook: Little Bit of Shepherd

Photo



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

NICK LYON
DIRECTOR

March 31, 2017

TO: Interested Party

RE: Consultation Summary
Michigan's Statewide Transition Plan for Home and Community-Based Services

Thank you for your comment(s) to the Medical Services Administration relative to Michigan's Statewide Transition Plan for Home and Community-Based Services. Your comment(s) has been considered in the preparation of the final publication, a copy of which is attached for your information.

Responses to specific comments are addressed below.

Comment: Many stakeholders expressed concern that the Michigan Department of Health and Human Services (MDHHS) has yet to issue clear guidance regarding the characteristics of a compliant setting, and how providers must demonstrate services are delivered within a setting affording the beneficiary sufficient opportunity and choice to engage with the broader community.

Response: The characteristics of a compliant setting are:

- Setting is integrated in and supports full access to the greater community;
- Setting is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint;
- Enhances independence and independence in making life choices; and
- Enables choice regarding services and who provides them.

Providers must demonstrate services are delivered within a setting affording the beneficiary sufficient opportunity and choice to engage with the broader community by:

- Individual has a lease or other legally enforceable agreement providing similar protection;

- Individual has privacy in his/her unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;
- Individual controls his/her own schedule including access to food at any time;
- Individual can have visitors at any time; and
- Setting is physically accessible.

MDHHS, in partnership with a Provider Readiness Workgroup, has developed survey tools to assist providers in assessing residential and nonresidential settings for compliance with the federal Home and Community Based (HCB) Settings Requirements.

Comment: Many stakeholders expressed concerned at the potential for multiple interpretations that settings might be excluded from consideration for funding, irrespective of their capacity to contribute to achieving the desired outcomes of community inclusion and integration when using the survey tool to assess settings.

Response: The State of Michigan must comply with the following language set forth by CMS related to setting requirements:

“For 1915(c) home and community-based waivers and, for 1915(i) State plan home and community based services, home and community-based settings must have all of the following qualities defined at 42 CFR §441.301(c)(4) and 42 CFR §441.710 respectively, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:

- The setting is integrated in and supports full access of individuals receiving Medicaid Home and Community-Based Services (HCBS) to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.
- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitates individual choice regarding services and supports, and who provides them.

Comment: One stakeholder asked to have the verbiage reconsidered around disability specific settings and allow the individual, not the government, to choose their vocational setting because the new rule puts funding in jeopardy and puts 200 people in the greater Grand Traverse area at risk of losing the very thing that brings them dignity and friendship. Another stakeholder expressed that the thought of center-based programs having their funding excluded from Medicaid is very concerning.

Response: The purpose of the federal HCB Settings Requirements is to provide opportunities for Medicaid beneficiaries to have access to the benefits of community living and to receive services and supports in the most integrated settings rather than institutions or other settings that isolate. CMS identified disability-specific setting as requiring further review. An individualized person centered planning process is required to identified goals and preferences, such as community participation, employment, income and savings, health care and wellness, and education of each individual to ensure that services and supports are developed specific to that person.

Comment: One stakeholder is concerned about how MDHHS will conduct the oversight of the self-evaluations by waiver providers. Self-evaluations tend to be more subjective in nature versus having an outside entity conduct the evaluation which tends to be more objective.

Response: The MDHHS Behavioral Health and Developmental Disabilities Administration (BHDDA) will use the current site review process to ensure rule requirements compliance.

Comment: One stakeholder is concerned that the plan lacks allowance for individual needs by replacing it with a "one size fits all" plan.

Response: The Statewide Transition Plan is developed and written to comply with the federal HCB Settings Requirements, which relies on the individualized person centered planning process to meet the needs of an individual seeking home and community based services and supports funded by Medicaid. The individualized person centered planning process is required to be tailored to the beneficiary's goals and preferences, such as

community participation, employment, income and savings, health care and wellness, and education. The plan is directed by the individual and may include a representative that the individual has freely chosen and others chosen by the individual to contribute to the process.

Comment: One stakeholder shared their hope that sheltered workshop facilities continue to exist far into the future and that stakeholders say is considered before making decisions that impact people's lives.

Response: MDHHS thanks you for your comment. The purpose of the Home and Community-Based Services (HCBS) rule is to provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. An Individualized Person Centered Planning process is required to determine the hopes, dreams, and wishes of each individual to ensure that services and supports are developed specific to each person.

Comment: One stakeholder expressed concern that agencies should be encouraged to continue this with any integration that encourages participation from non-Medicaid recipients.

Response: MDHHS thanks you for your comment.

Comment: One stakeholder believed that a specific comment about one particular survey question (found on page 12 of 28 of the Habilitation Supports Waiver Survey for Participants and page 5 of 21 for Residential Provider Survey) lacks clarity. The participant question states: "Can people without disabilities live in your home?" The question for providers reframes the question: "Can people with different types of disabilities and individuals without disabilities live in the home?"

Response: Survey questions are written by MDHHS to ensure that the survey recipient understands the meaning of the questions. The intent of the survey question is the same in both the participant and provider survey. The language of these questions in the surveys sometimes differed.

Comment: One stakeholder indicated that the statement, on page 2, that the Statewide Transition Plan promotes autonomy and self-determination of individual participants may not be consistent with Adult Foster Care (AFC) Licensing and 24 hour Community Living Supports (CLS) environments.

Response: MDHHS, with stakeholder involvement, has revised the Joint Guidance Document to address the federal HCB setting requirements pertaining to licensed and unlicensed provider owned or controlled settings to assist in compliance by providers.

Comment: One stakeholder stated that the statement, that the Statewide Transition Plan helps individuals, providers, and local, regional service agendas succeed during the transition process and the Systemic Assessment, needs more clarity on the provider audit tools; some content is up-stream or Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP)-oriented versus about the provider.

Response: MDHHS and its stakeholder partners are developing Readiness Tools, which will be available to both residential and non-residential providers in the near future.

Comment: One stakeholder expressed that the Implementation Advisory Group (IAG) is not listed.

Response: MDHHS thanks you for your comment.

Comment: One stakeholder expressed concern about the clarity of compliance regulations noted in the Statewide Transition Plan.

Response: MDHHS with stakeholder involvement has developed a Joint Guidance Document to address the HCB Settings Requirements in licensed and unlicensed provider owned or controlled settings.

Comment: One stakeholder asked for clarity on the Systemic and Setting Assessments.

Response: The systemic and setting assessments document in the State Transition Plan is intended to review and address all policies and procedures which may be impacted by the HCBS Rule and whether they are in conflict with the Rule. The systemic review focuses on policies and procedures developed and enforced at the agency level. The setting assessment is focused on the setting where individuals receive their services and supports. If there is an identified conflict, the State must address in the plan how to remediate the conflict.

Comment: One stakeholder voiced concern over not receiving feedback regarding round 1 of the HAB Waiver Audit results.

Response: Provider compliance data is available for Community Mental Health Service Providers and Prepaid Inpatient Health Plans.

Comment: One stakeholder questioned whether consumers retain the right to stay in a non-compliant setting of their choosing?

Response: Yes, consumers retain the right to stay in non-compliant settings of their choosing but their HCBS and supports cannot be paid by Medicaid funds. Individuals who reside in non-compliant settings will be given the opportunity to transition to compliant settings of their choosing to receive HCBS and supports that will be paid by Medicaid funds.

Comment: One stakeholder expressed their concerns about not having their questions answered.

Response: MDHHS provides stakeholders with many opportunities to provide feedback by way of the Implementation Advisory Group, the HCBS transition email box, QMC quarterly meetings and the Technical Guide.

Comment: One stakeholder expressed the hope that the State of Michigan will continue to provide enlightened and experience-based programming in its transition planning and execution for compliance with HCBS regulations.

Response: MDHHS thanks you for your comment.

Comment: One stakeholder expressed concern that some of the dates in the Statewide Transition Plan are unrealistic and confusing. For example, on page 79 there is a statement that the remediation plan for Section 1915(b) waiver services will be completed by June 2016, when the state just acknowledged that 1915(b) services were part of HCBS.

Response: MDHHS has reflected the updated timeline for the 1915 (b) services in the revised Statewide Transition Plan, which is available on the MDHHS website at www.michigan.gov/mdhhs >> Assistance Programs >> Health Care Coverage >> Home and Community-Based Services Program Transition.

Comment: One stakeholder believed that the practical application of staff members dealing with multiple diagnoses in the same household is tremendous.

Response: MDHHS is developing a practical guide to support providers in the implementation of the federal HCB Setting Requirements.

Comment: One stakeholder is concerned about how MDHHS will conduct the oversight of the self-evaluations by waiver providers. Self-evaluations tend to be more subjective in nature versus having an outside entity conduct the evaluation which tends to be more objective.

Response: MDHHS BHDDA will use the current site review process to provide oversight and monitoring of the federal HCB Settings Requirements.

Comment: One stakeholder urges reconsideration of the transition plan so that individuals with disabilities may still have a work/occupation opportunity to make a wage based on their production abilities.

Response: MDHHS thanks you for your comments.

Comment: One stakeholder stated that the current survey being used to assess the setting the person is receiving services in does not seem to allow for the fact that a person may be participating in multiple services with a service provider.

Response: MDHHS will send a survey for each HCBS accessed by an individual.

Comment: One stakeholder felt that the Statewide Transition Plan does not appear to take into consideration a consumer's choice.

Response: The federal HCB Settings Requirements mandates that States use the person centered planning process to allow consumer to select compliant settings that are funded by Medicaid to meet his/her needs.

Comment: One stakeholder felt that MDHHS has not yet given the provider education and training component to the Statewide Transition Plan.

Response: MDHHS has Readiness Tools that are in development and will be available to the field in the near future.

Comment: One stakeholder desires clarification as to whether Providers should not utilize the addendum based upon the non-compliant status for the applicable Licensing Rules. Similarly, clarification should be provided on the licensing issue regarding lockable doors.

Response: The Joint Guidance Document is being revised and will be available in the near future.

Comment: One stakeholder stated that all waiver providers with beneficiaries 21 years and older should identify all provider-controlled and owned residential and non-residential settings.

Response: MDHHS is in the process of identifying all provider owned and controlled settings. The Federal HCB settings requirements applies only to the following waivers; MI Choice, Habilitation Supports Waiver, Children's Waiver, Children with Serious Emotional Disturbances Waiver Program, Managed Specialty Services and Supports Waiver Program and MI Health Link.

Comment: One stakeholder has concerns about self-assessments not always divulging all non-compliant issues and asked about the protocol for follow-up assessments.

Response: MDHHS BHDDA will use the current site review process to ensure rule requirement compliance.

Comment: One stakeholder believes that waiver participants, and any person receiving HBCS services should be listed as a key stakeholder in the Statewide Transition Plan.

Response: MDHHS will revise the Statewide Transition Plan to include waiver participants as key stakeholders.

Comment: One stakeholder requested beneficiary input be included in all measurements of services, settings, and reviews accurately reflect what is factually correct.

Response: MDHHS thanks you for your comments.

Comment: One stakeholder recommended marking tasks as “complete” along with the “end date” of a particular task to make it easier for CMS and advocates to understand what waiver tasks are still unfinished.

Response: MDHHS thanks you for your comment.

Comment: One stakeholder argues that there should be a more thorough description of what is found not to be in compliance, how it will be address and expected outcomes. Specifically the term “silent” needs absolute clarity.

Response: MDHHS will revise the Statewide Transition Plan to explain clearly the description of the term “silent.”

Comment: One stakeholder felt that it is critical to keep the beneficiary informed as to the status of the provider/waiver agency and whether they will be coming into compliance within the established time frames.

Response: MDHHS requires that the provider and agency share information related to the providers compliance status with participants.

Comment: One stakeholder expressed concern over how much advance notification a participant receives in order to accurately prepare for any transition.

Response: MDHHS or waiver entities will notify a participant no later than October 1, 2018, six months prior to the end of the five year transition plan.

Comment: One stakeholder felt that it is critical to keep the beneficiary informed as to the status of the provider/waiver agency and whether they will be coming into compliance within the established time frames.

Response: MDHHS thanks you for your comment.

Comment: One stakeholder believes firewalls between vested stakeholders and participants answering surveys are necessary to accurately reflect the true voice of the participant.

Response: MDHHS thanks you for your comment.

Comment: One stakeholder shared community examples of the continued support at work and in the community needed for their 37-year old son.

Response: MDHHS thanks you for your comment.

Comment: One stakeholder wrote in support of continued funding for services for disabled citizens including the programs offered by Grand Traverse Industries.

Response: MDHHS thanks you for your comment.

I trust your concerns have been addressed. If you wish to comment further, send your comments to the HCBS Project Team by email at HCBSTransition@michigan.gov or by mail at:

Attention: HCBS Program Transition
Program Policy Division
Bureau of Medicaid Policy and Health System Innovation
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979

Sincerely,

A handwritten signature in black ink that reads "Chris Priest". The signature is fluid and cursive, with a large initial "C" and a stylized "P".

Chris Priest, Director
Medical Services Administration